

ORD INFORMATION  
RESOURCE CENTER, HCFA

# MEDICARE / MEDICAID NURSING HOME INFORMATION

VIRGINIA



U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION



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# **MEDICARE/MEDICAID NURSING HOME INFORMATION**

**1987-1988**

**VIRGINIA**

Otis R. Bowen, M.D.  
Secretary  
U.S. Department of Health & Human Services

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Administrator  
Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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## INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

A handwritten signature in black ink, reading "William L. Roper", is positioned above the printed name.

William L. Roper, M.D.  
Administrator



## USES AND LIMITATIONS

### Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.



## Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a “snapshot” of the conditions in the nursing home at that time. The information does not describe the home’s success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

## DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.



## **SOURCES OF INFORMATION**

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the “State Government” section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

### **Public and General Sources**

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

### **State Government**

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.





# COMMONWEALTH of VIRGINIA

*Department of Health*  
*Richmond, Va. 23219*

DIVISION OF LICENSURE AND CERTIFICATION

1013 MADISON BUILDING

109 GOVERNOR STREET

## NURSING HOME LICENSURE PROGRAM

Overview: The Virginia Department of Health by authority of Title 32.1, Chapter 5, Article 1 of the Code of Virginia has the responsibility for inspection and licensing of nursing homes and hospitals. Within the Department, the Division of Licensure and Certification is administratively responsible for enforcing regulations adopted by the State Board of Health to carry out the authority defined in state law. The law and the regulations are applicable to free-standing nursing homes and long term care units located in general hospitals that provide care on a continuing basis to two or more non-related individuals needing nursing and health related services.

The Division of Licensure and Certification is also the state survey agency responsible for survey and certification of skilled care facilities who are providers in the Medicare and Medicaid programs and for intermediate care facilities that participate in the Medicaid program.

Enforcement: Law and regulations require that initial licenses be issued before a new facility begins operation. All licenses must be renewed annually and licenses are not transferable from one operator to another. Architectural drawings for new facilities or additions to existing facilities must be reviewed and approved by the Division prior to initiation of construction. Facilities planning new buildings or additions must first receive approval from the State Health Commissioner under the Certificate of Public Need law. After a facility is initially licensed continuing unannounced on-site inspections are made to ensure that requirements on administrative management, staff qualifications, staffing, delivery of nursing care and related health services, patient rights and environmental sanitation are enforced. The Division also conducts unannounced investigations of complaints. The Code and regulations authorizes the Commissioner to restrict all new admissions to a licensed nursing home or to suspend or revoke the license of a nursing home or a hospital for failure to comply with any provision of law or regulations.

ACUTE CARE

(804) 225-3749

(804) 786-2082

LONG TERM CARE

(804) 225-3733

(804) 225-3724



ADMINISTRATION

(804) 786-2081

DIRECTOR

(804) 225-3717

**Resources available to consumers:**

**STATE HEALTH DEPARTMENT:**

Contact: Division of Licensure and Certification  
Virginia Department of Health  
James Madison Building  
109 Governor Street  
Richmond, Virginia 23219  
Telephone 804/786-2081  
Mary V. Francis, Director

**STATE MEDICARE/MEDICAID SURVEY AGENCY:**

Contact: Division of Licensure and Certification  
(same as State Health Department)

**NURSING HOME LICENSING AGENCY:**

Contact: Division of Licensure and Certification  
(same as State Health Department)

Responsibility: State enforcement authority responsible for licensing and inspecting nursing homes, investigating complaints related to care received by and services delivered to patients in nursing homes and hospitals, and serves as agent for the Office of Health Care Financing Administration and the Virginia Department of Medical Assistance for survey and certification of compliance with federal Medicare and Medicaid certification regulations.

**STATE OMBUDSMAN PROGRAM:**

Contact: Long Term Care Ombudsman  
Virginia Department for the Aging  
10th Floor  
700 East Franklin Street  
Richmond, Virginia 23219-2327  
Telephone 804/225-2271  
HOTLINE 1-800-552-3402  
Virginia Dize, State Ombudsman

Responsibility: Serves as an advocate, mediator and investigator of complaints relating to nursing home, home health and related services involving residents of the Commonwealth 60 years of age or older. Establishes and funds local long term care ombudsman programs, coordinates complaint information received from local ombudsmen and notifies the licensing and certification agency and other state regulatory agencies of suspected violations of state or federal laws and regulations.

**MEDICAID FRAUD AND ABUSE OF FUNDS UNIT:**

**Contact:** Office of the Attorney General  
Medicaid Fraud Control Unit  
Supreme Court Building  
101 North Eighth Street  
Richmond, Virginia 23219  
Telephone 804/786-1226  
Mary Sue Terry, Attorney General

**Responsibility:** Receives complaints and investigates allegations involving suspected fraud or abuse of Medicaid funds.

**NURSING HOME LICENSING INSPECTION AND MEDICARE/MEDICAID SURVEY REPORTS:**

**Contact:** Division of Licensure and Certification  
Virginia Department of Health  
James Madison Building  
109 Governor Street  
Richmond, Virginia 23219  
Telephone 804/786-2081  
Mary V. Francis, Director

**Responsibility:** Maintains the official state licensing inspection and federal Medicare/Medicaid skilled and intermediate care certification files on nursing homes. Copies of inspection and survey reports may be released under provisions of the state or federal Freedom of Information laws.

**STATE OFFICE ON AGING:**

**Contact:** Virginia Department for the Aging  
10th Floor  
700 East Franklin Street  
Richmond, Virginia 23219-2327  
Telephone 804/225-2271  
Hot Line 1-800-552-3402  
Wilda M. Ferguson, Commissioner

**Responsibility:** Administers provisions of the Older Americans Act and provides funding, information, advocacy and mediation services to a variety of programs related to aged citizens, including nursing home patients and their families.



**STATE MEDICAID AGENCY:**

Contact: Virginia Department of Medical Assistance  
Services  
Suite 1300  
600 East Broad Street  
Richmond, Virginia 23219  
Telephone 804/786-6273  
HELPLINE 1-800-552-8627  
Ray T. Sorrell, Director

**Responsibility:** Administers the state Medicaid program, provides information on program requirements for eligibility and reimbursement, issues agreements with providers and suppliers of services, monitors level of care determinations and services delivered to Medicaid recipients in long term care facilities certified to provide skilled and intermediate care, including facilities that serve the mentally retarded and investigates complaints related to Medicaid payment for services or services delivered to Medicaid recipients.

**PROFESSIONAL LICENSING BOARDS:**

Contact: Virginia Department of Health Regulatory  
Boards  
1601 Rolling Hills Drive  
Richmond, Virginia 23229  
Telephone 804/662-9900  
HOTLINE 1-800-533-1560  
Bernard L. Henderson, Jr., Director

**Responsibility:** Administrative department for the various professional licensing boards, including those for the practice of medicine, dentistry, nursing, pharmacy, nursing home administration, and optometry. Adopts regulations, issues and renews licenses, verifies credentials of individual practitioners licensed or registered to practice in the state and investigates complaints relating to conduct of an individual practitioner.

## **Federal Government**

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

### **Office of the Inspector General (OIG)**

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

### **Administration on Aging (AoA)**

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

## **AoA Regional Offices**

Regional Program Director, AoA  
DHHS Region I  
Room 2011  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1158

Regional Program Director, AoA  
DHHS Region III  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-0334

Regional Program Director, AoA  
DHHS Region V  
13th Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-3141

Regional Program Director, AoA  
DHHS Region VII  
Room 384  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-2955

Regional Program Director, AoA  
DHHS Region IX  
Room 480  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-6003

Regional Program Director, AoA  
DHHS Region II  
Room 4149  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3472

Regional Program Director, AoA  
DHHS Region IV  
Suite 903  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-5900

Regional Program Director, AoA  
DHHS Region VI  
Room 1000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-2971

Regional Program Director, AoA  
DHHS Region VIII  
Room 1185  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2951

Regional Program Director, AoA  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-5341



## **Office for Civil Rights (OCR)**

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

### **OCR Regional Offices**

Director, OCR  
DHHS Region I  
Room 2403  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1340

Director, OCR  
DHHS Region III  
Room 6300  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-1262

Director, OCR  
DHHS Region V  
33rd Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-2520

Director, OCR  
DHHS Region VII  
Room 248  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-7277

Director, OCR  
DHHS Region IX  
Room 322  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-8586

Director, OCR  
DHHS Region II  
Room 3312  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3313

Director, OCR  
DHHS Region IV  
Room 1502  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2779

Director, OCR  
DHHS Region VI  
Room 1360  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-4056

Director, OCR  
DHHS Region VIII  
Room 844  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2024

Director, OCR  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0473

## **Health Care Financing Administration (HCFA)**

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

### **HCFA Regional Offices**

Associate Regional Administrator  
DHHS Region I, HCFA  
Division of Health Standards and Quality  
Room 1309  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1331

Associate Regional Administrator  
DHHS Region III, HCFA  
Division of Health Standards and Quality  
3535 Market Street  
P.O. Box 7760  
Philadelphia, PA 19101  
(215) 596-0997

Associate Regional Administrator  
DHHS Region V, HCFA  
Division of Health Standards and Quality  
Room 941  
175 West Jackson Boulevard  
Chicago, IL 60604  
(312) 353-9804

Associate Regional Administrator  
DHHS Region VII, HCFA  
Division of Health Standards and Quality  
Room 284  
601 East 12th Street  
Kansas City, MO 64106  
(816) 374-2408

Associate Regional Administrator  
DHHS Region IX, HCFA  
Division of Health Standards and Quality  
100 Van Ness Avenue  
San Francisco, CA 94102  
(415) 556-0041

Associate Regional Administrator  
DHHS Region II, HCFA  
Division of Health Standards and Quality  
Room 3821  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3219

Associate Regional Administrator  
DHHS Region IV, HCFA  
Division of Health Standards and Quality  
Suite 601  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2488

Associate Regional Administrator  
DHHS Region VI, HCFA  
Division of Health Standards and Quality  
Room 2000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-6301

Associate Regional Administrator  
DHHS Region VIII, HCFA  
Division of Health Standards and Quality  
Room 1194  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-4721

Associate Regional Administrator  
DHHS Region X, HCFA  
Division of Health Standards and Quality  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0511



If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,  
New Hampshire, Rhode Island, and  
Vermont

Region III/Philadelphia

Delaware, District of Columbia,  
Maryland, Pennsylvania, Virginia,  
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,  
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and  
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,  
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,  
Puerto Rico, and  
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,  
Kentucky, Mississippi,  
North Carolina, South Carolina,  
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,  
New Mexico, Oklahoma, and  
Texas

Region VII/Denver

Colorado, Montana,  
North Dakota, South Dakota,  
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,  
and Washington

## FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

### General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

## **Physical Environment**

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

## **Medical and Nursing Services**

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

## **Food**

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?



## **Social Services and Activities**

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

## GLOSSARY OF TERMS

### **Resident Characteristics and Facility Performance Indicators**

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

**Bed Sore.** A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

**Catheter.** See **Urinary Catheter.**

**Colostomy or Ileostomy.** A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

**Fluids Supplied Through Tubes.** A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

**Incompetent.** A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

**Injections.** Medicine given by inserting a needle into muscle or tissue.

**Isolation Techniques.** These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

**Rehabilitative Bowel and Bladder Training.** A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

**Respiratory Care.** A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

**Restraints.** Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

**Skin Breakdown.** When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

**Suctioning.** A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

**Tracheotomy Care.** A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

**Transferring.** This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

**Urinary Catheter.** A tube inserted into the bladder to remove urine.



## HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

### EXAMPLE

<b>NURSING HOME PROFILE</b> <b>Happy Valley Nursing Home</b>			
Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

**Name:** Self-explanatory

**Street Address:** Self-explanatory

**City and State:** Self-explanatory

**Participation:** The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

**Skilled Nursing Facility (SNF)** — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

**Intermediate Care Facility (ICF)** — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

**Number of Beds:** This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

**Type of Ownership:** This block describes the type of organization that operates the nursing home. These include:

**Non-profit-religious** — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

**Non-profit-private** — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

**Non-profit-other** — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

**Proprietary** — A nursing home operated for profit.

**Government** — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

**Survey Date:** The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

## EXAMPLE

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.		78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.



## EXAMPLE

### SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.



## NURSING HOME PROFILE CEDAR LAWN CONV HOME

<b>Street Address:</b>		<b>City and State:</b>	
WALDEN RD		ABINGDON VA 24210	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	PROPRIETARY	09/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
113	0	49

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	113	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	102	90.3	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	106	93.8	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	92.9	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	84	74.3	70.9	59.1
Residents on individually written bowel and bladder retraining program.	70	61.9	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	80	70.8	34.5	29.3
<b>Completely bedfast residents.</b>	10	8.8	6.6	3.6
<b>Residents confined to chairs.</b>	83	73.5	64.8	39.1
<b>Residents requiring restraints.</b>	110	97.3	58.5	31.7
<b>Confused or disoriented residents.</b>	108	95.6	65.7	55.8
<b>Residents with bed sores.</b>	6	5.3	5.7	4.7
<b>Residents receiving special skin care.</b>	49	43.4	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%

MET	1	0.9	255	4.7
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Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

MET	7	6.4	748	13.7
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Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

MET	5	4.6	601	11.0
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Drugs are administered according to the written orders of the attending physician.

NOT MET	20	18.3	1385	25.3
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Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

MET	1	0.9	1045	19.1
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Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

MET	2	1.8	269	4.9
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Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

MET	0	0.0	311	5.7
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An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

MET	3	2.8	481	8.8
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Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

MET	0	0.0	479	8.8
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Toilet and bath facilities are clean, sanitary, and free of odors.

MET	2	1.8	1064	19.4
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All common resident areas are clean, sanitary and free of odors.

MET	7	6.4	1169	21.4
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All essential mechanical and electrical equipment is maintained in safe operating condition.

MET	0	0.0	0	0.0
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Resident care equipment is clean and maintained in safe operating condition.

MET	0	0.0	0	0.0
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Isolation techniques to prevent the spread of infection are followed by all personnel.

MET	0	0.0	0	0.0
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The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

MET	1	0.9	267	4.9
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Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

NOT MET	32	29.4	2452	44.8
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**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GOODWIN HOUSE

<b>Street Address:</b> 4800 FILLMORE AVENUE		<b>City and State:</b> ALEXANDRIA VA 22311	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 94	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 09/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 86	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 2	
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b> Residents requiring some or total assistance in bathing.	84	97.7	94.3	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	75	87.2	89.2	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	67	77.9	80.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	80.2	81.7	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	47	54.7	73.7	68.2
Residents on individually written bowel and bladder retraining program.	23	26.7	8.9	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	41	47.7	43.5	37.7
Completely bedfast residents.	3	3.5	9.6	3.4
Residents confined to chairs.	49	57.0	66.6	50.8
Residents requiring restraints.	20	23.3	59.5	41.3
Confused or disoriented residents.	52	60.5	62.6	58.4
Residents with bed sores.	3	3.5	7.5	7.1
Residents receiving special skin care.	6	7.0	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MOUNT VERNON NSG CNTR

<b>Street Address:</b>		<b>City and State:</b>	
8111 TISWELL AVE		ALEXANDRIA VA 22306	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	130	PROPRIETARY	10/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
123	0	69	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	123	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	108	87.8	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	97	78.9	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	74.0	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	92	74.8	70.9	59.1
Residents on individually written bowel and bladder retraining program.	4	3.3	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	49	39.8	34.5	29.3
<b>Completely bedfast residents.</b>	1	0.8	6.6	3.6
<b>Residents confined to chairs.</b>	91	74.0	64.8	39.1
<b>Residents requiring restraints.</b>	101	82.1	58.5	31.7
<b>Confused or disoriented residents.</b>	78	63.4	65.7	55.8
<b>Residents with bed sores.</b>	11	8.9	5.7	4.7
<b>Residents receiving special skin care.</b>	67	54.5	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OAK MEADOW NSG HOME

<b>Street Address:</b> 1510 COLLINGWOOD ROAD		<b>City and State:</b> ALEXANDRIA VA 22308	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 96	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 92	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 36
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	92	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	91	98.9	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	77	83.7	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	89.1	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	62	67.4	73.7	68.2
Residents on individually written bowel and bladder retraining program.	8	8.7	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	60	65.2	43.5	37.7
<b>Completely bedfast residents.</b>	3	3.3	9.6	3.4
<b>Residents confined to chairs.</b>	80	87.0	66.6	50.8
<b>Residents requiring restraints.</b>	47	51.1	59.5	41.3
<b>Confused or disoriented residents.</b>	60	65.2	62.6	58.4
<b>Residents with bed sores.</b>	4	4.3	7.5	7.1
<b>Residents receiving special skin care.</b>	8	8.7	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WOODBINE NURS + CONVALESCENT CTR

<b>Street Address:</b> 2729 KING ST		<b>City and State:</b> ALEXANDRIA VA 22302	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 307	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 250	<b>Medicare Residents:</b> 6	<b>Medicaid Residents:</b> 91
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	229	91.6	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	212	84.8	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	171	68.4	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	171	68.4	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	165	66.0	73.7	68.2
Residents on individually written bowel and bladder retraining program.	11	4.4	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	86	34.4	43.5	37.7
<b>Completely bedfast residents.</b>	1	0.4	9.6	3.4
<b>Residents confined to chairs.</b>	149	59.6	66.6	50.8
<b>Residents requiring restraints.</b>	250	100	59.5	41.3
<b>Confused or disoriented residents.</b>	183	73.2	62.6	58.4
<b>Residents with bed sores.</b>	31	12.4	7.5	7.1
<b>Residents receiving special skin care.</b>	40	16.0	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE RYAN NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
ROUTE 2		AMHERST VA 24521	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	51	PROPRIETARY	02/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
51	0	42	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	80.4	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	78.4	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	76.5	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	70.6	70.9	59.1
Residents on individually written bowel and bladder retraining program.	3	5.9	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	33.3	34.5	29.3
<b>Completely bedfast residents.</b>	0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>	37	72.5	64.8	39.1
<b>Residents requiring restraints.</b>	37	72.5	58.5	31.7
<b>Confused or disoriented residents.</b>	20	39.2	65.7	55.8
<b>Residents with bed sores.</b>	0	0.0	5.7	4.7
<b>Residents receiving special skin care.</b>	8	15.7	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LEEWOOD NURSING HOME

<b>Street Address:</b> 7120 BRADDOCK RD		<b>City and State:</b> ANNANDALE VA 22003	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 132	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 130	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 46	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	130	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	118	90.8	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	114	87.7	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	80.8	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	99	76.2	70.9	59.1
Residents on individually written bowel and bladder retraining program.	15	11.5	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	70	53.8	34.5	29.3
<b>Completely bedfast residents.</b>	0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>	88	67.7	64.8	39.1
<b>Residents requiring restraints.</b>	90	69.2	58.5	31.7
<b>Confused or disoriented residents.</b>	96	73.8	65.7	55.8
<b>Residents with bed sores.</b>	2	1.5	5.7	4.7
<b>Residents receiving special skin care.</b>	33	25.4	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SLEEPY HOLLOW MANOR

<b>Street Address:</b>		<b>City and State:</b>	
6700 COLUMBIA PIKE		ANNANDALE VA 22003	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	230	PROPRIETARY	09/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
219	0	114		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	218	99.5	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	190	86.8	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	160	73.1	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	178	81.3	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	122	55.7	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	77	35.2	43.5	37.7
<b>Completely bedfast residents.</b>	9	4.1	9.6	3.4
<b>Residents confined to chairs.</b>	147	67.1	66.6	50.8
<b>Residents requiring restraints.</b>	104	47.5	59.5	41.3
<b>Confused or disoriented residents.</b>	142	64.8	62.6	58.4
<b>Residents with bed sores.</b>	21	9.6	7.5	7.1
<b>Residents receiving special skin care.</b>	79	36.1	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CAMELOT HALL-CHERRYDALE

<b>Street Address:</b> 3710 LEE HIGHWAY		<b>City and State:</b> ARLINGTON VA 22207	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 240	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 234	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 180
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	225	96.2	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	205	87.6	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	188	80.3	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	183	78.2	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	176	75.2	73.7	68.2
Residents on individually written bowel and bladder retraining program.	7	3.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	88	37.6	43.5	37.7
<b>Completely bedfast residents.</b>	10	4.3	9.6	3.4
<b>Residents confined to chairs.</b>	169	72.2	66.6	50.8
<b>Residents requiring restraints.</b>	143	61.1	59.5	41.3
<b>Confused or disoriented residents.</b>	161	68.8	62.6	58.4
<b>Residents with bed sores.</b>	20	8.5	7.5	7.1
<b>Residents receiving special skin care.</b>	86	36.8	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CRYSTAL CITY NRSG CNTR INC.

<b>Street Address:</b>		<b>City and State:</b>	
1785 HAYES ST		ARLINGTON VA 22202	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	06/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
227	4	154	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	157	69.2	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	190	83.7	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	136	59.9	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	166	73.1	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	125	55.1	73.7	68.2
Residents on individually written bowel and bladder retraining program.	2	0.9	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	72	31.7	43.5	37.7
<b>Completely bedfast residents.</b>	15	6.6	9.6	3.4
<b>Residents confined to chairs.</b>	123	54.2	66.6	50.8
<b>Residents requiring restraints.</b>	133	58.6	59.5	41.3
<b>Confused or disoriented residents.</b>	108	47.6	62.6	58.4
<b>Residents with bed sores.</b>	18	7.9	7.5	7.1
<b>Residents receiving special skin care.</b>	62	27.3	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MANOR CARE ARLINGTON INC

<b>Street Address:</b> 550 S CARLIN SPRINGS RD		<b>City and State:</b> ARLINGTON VA 22204	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 196	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 174	<b>Medicare Residents:</b> 6	<b>Medicaid Residents:</b> 33		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	149	85.6	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	45	25.9	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	133	76.4	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	79.9	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	125	71.8	73.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	51	29.3	43.5	37.7
<b>Completely bedfast residents.</b>	8	4.6	9.6	3.4
<b>Residents confined to chairs.</b>	125	71.8	66.6	50.8
<b>Residents requiring restraints.</b>	69	39.7	59.5	41.3
<b>Confused or disoriented residents.</b>	111	63.8	62.6	58.4
<b>Residents with bed sores.</b>	14	8.0	7.5	7.1
<b>Residents receiving special skin care.</b>	46	26.4	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MOUNTAIN VIEW NURSING HOME

<b>Street Address:</b> ROUTE 5 BOX 186		<b>City and State:</b> ARODA VA 22709	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 40	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 01/06/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 40	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 17
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	97.5	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	40	100	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	32	80.0	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	82.5	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	77.5	70.9	59.1
Residents on individually written bowel and bladder retraining program.	12	30.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	52.5	34.5	29.3
<b>Completely bedfast residents.</b>	10	25.0	6.6	3.6
<b>Residents confined to chairs.</b>	23	57.5	64.8	39.1
<b>Residents requiring restraints.</b>	28	70.0	58.5	31.7
<b>Confused or disoriented residents.</b>	28	70.0	65.7	55.8
<b>Residents with bed sores.</b>	0	0.0	5.7	4.7
<b>Residents receiving special skin care.</b>	20	50.0	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ASHLAND CONVALESCENT CENTER

<b>Street Address:</b>  PO BOX 2050 RT 54 WEST		<b>City and State:</b>  ASHLAND VA 23005	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  130	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  02/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  123	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  75
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	122	99.2	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	113	91.9	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	101	82.1	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	79.7	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	93	75.6	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	38.2	43.5	37.7
<b>Completely bedfast residents.</b>	6	4.9	9.6	3.4
<b>Residents confined to chairs.</b>	90	73.2	66.6	50.8
<b>Residents requiring restraints.</b>	109	88.6	59.5	41.3
<b>Confused or disoriented residents.</b>	81	65.9	62.6	58.4
<b>Residents with bed sores.</b>	6	4.9	7.5	7.1
<b>Residents receiving special skin care.</b>	35	28.5	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BEDFORD CO NURSING HOME

<b>Street Address:</b> ROUTE 4 BOX 413		<b>City and State:</b> BEDFORD VA 24523	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 56	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 09/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 54	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 36	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	54	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	49	90.7	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	47	87.0	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	100	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	44	81.5	70.9	59.1
Residents on individually written bowel and bladder retraining program.	10	18.5	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	51.9	34.5	29.3
<b>Completely bedfast residents.</b>	6	11.1	6.6	3.6
<b>Residents confined to chairs.</b>	39	72.2	64.8	39.1
<b>Residents requiring restraints.</b>	46	85.2	58.5	31.7
<b>Confused or disoriented residents.</b>	49	90.7	65.7	55.8
<b>Residents with bed sores.</b>	0	0.0	5.7	4.7
<b>Residents receiving special skin care.</b>	54	100	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BEDFORD COUNTY MEMORIAL HOSPITAL

<b>Street Address:</b>		<b>City and State:</b>	
OAKWOOD EXTENSION		BEDFORD VA 24523	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	178	NON-PROFIT OTHER	12/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
96	4	75

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	93	96.9	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	93.8	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	90.6	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	89.6	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	79.2	73.7	68.2
Residents on individually written bowel and bladder retraining program.	11	11.5	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	44.8	43.5	37.7
<b>Completely bedfast residents.</b>	15	15.6	9.6	3.4
<b>Residents confined to chairs.</b>	73	76.0	66.6	50.8
<b>Residents requiring restraints.</b>	60	62.5	59.5	41.3
<b>Confused or disoriented residents.</b>	72	75.0	62.6	58.4
<b>Residents with bed sores.</b>	11	11.5	7.5	7.1
<b>Residents receiving special skin care.</b>	96	100	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ROSE HILL NURSING HOME

<b>Street Address:</b> 110 CHALMERS COURT		<b>City and State:</b> BERRYVILLE VA 22611	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/16/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 119	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 90	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	99	83.2	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	102	85.7	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	93	78.2	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	74.8	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	64.7	73.7	68.2
Residents on individually written bowel and bladder retraining program.	10	8.4	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	39.5	43.5	37.7
<b>Completely bedfast residents.</b>	1	0.8	9.6	3.4
<b>Residents confined to chairs.</b>	88	73.9	66.6	50.8
<b>Residents requiring restraints.</b>	98	82.4	59.5	41.3
<b>Confused or disoriented residents.</b>	53	44.5	62.6	58.4
<b>Residents with bed sores.</b>	3	2.5	7.5	7.1
<b>Residents receiving special skin care.</b>	78	65.5	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE HALL BIG STONE GAP

<b>Street Address:</b>		<b>City and State:</b>	
2045 VALLEY VIEW DRIVE		BIG STONE GAP VA 24219	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	08/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
178	3	165

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	172	96.6	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	153	86.0	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	124	69.7	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	81.5	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	142	79.8	73.7	68.2
Residents on individually written bowel and bladder retraining program.	8	4.5	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	65	36.5	43.5	37.7
<b>Completely bedfast residents.</b>	15	8.4	9.6	3.4
<b>Residents confined to chairs.</b>	129	72.5	66.6	50.8
<b>Residents requiring restraints.</b>	128	71.9	59.5	41.3
<b>Confused or disoriented residents.</b>	136	76.4	62.6	58.4
<b>Residents with bed sores.</b>	24	13.5	7.5	7.1
<b>Residents receiving special skin care.</b>	46	25.8	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HERITAGE HALL BLACKSBURG

<b>Street Address:</b>		<b>City and State:</b>	
3610 S MAIN ST		BLACKSBURG VA 24060	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	194	PROPRIETARY	12/11/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
192	0	146			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		192	100	95.1	78.3
Dressing					
Residents requiring some or total assistance in dressing.		162	84.4	89.0	76.7
Toileting					
Residents requiring some or total assistance in toileting.		163	84.9	77.2	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		150	78.1	78.8	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		143	74.5	70.9	59.1
Residents on individually written bowel and bladder retraining program.		17	8.9	7.8	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		65	33.9	34.5	29.3
Completely bedfast residents.		36	18.8	6.6	3.6
Residents confined to chairs.		111	57.8	64.8	39.1
Residents requiring restraints.		143	74.5	58.5	31.7
Confused or disoriented residents.		115	59.9	65.7	55.8
Residents with bed sores.		7	3.6	5.7	4.7
Residents receiving special skin care.		192	100	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE HALL BLACKSTONE

<b>Street Address:</b> 800 S MAIN ST		<b>City and State:</b> BLACKSTONE VA 23824	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 180	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 178	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 162	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	174	97.8	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	159	89.3	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	132	74.2	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	75.8	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	124	69.7	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	54	30.3	34.5	29.3
<b>Completely bedfast residents.</b>	23	12.9	6.6	3.6
<b>Residents confined to chairs.</b>	114	64.0	64.8	39.1
<b>Residents requiring restraints.</b>	138	77.5	58.5	31.7
<b>Confused or disoriented residents.</b>	144	80.9	65.7	55.8
<b>Residents with bed sores.</b>	9	5.1	5.7	4.7
<b>Residents receiving special skin care.</b>	56	31.5	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BOWLING GREEN HELTH CARE CNTR

<b>Street Address:</b>		<b>City and State:</b>	
120 ANDERSON AVE		BOWLING GREEN VA 22427	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	55	PROPRIETARY	03/16/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
46	0	34	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	38	82.6	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	40	87.0	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	32	69.6	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	89.1	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	78.3	70.9	59.1
Residents on individually written bowel and bladder retraining program.	3	6.5	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	39.1	34.5	29.3
<b>Completely bedfast residents.</b>	0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>	35	76.1	64.8	39.1
<b>Residents requiring restraints.</b>	3	6.5	58.5	31.7
<b>Confused or disoriented residents.</b>	34	73.9	65.7	55.8
<b>Residents with bed sores.</b>	8	17.4	5.7	4.7
<b>Residents receiving special skin care.</b>	46	100	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BRIDGEWATER HOME FOR THE AGED

<b>Street Address:</b>		<b>City and State:</b>	
VIRGINIA AVE SECONDST		BRIDGEWATER VA 22812	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	200	NON-PROFIT RELIGIOUS	09/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
193	0	111		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	185	95.9	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	165	85.5	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	158	81.9	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	74.1	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	149	77.2	70.9	59.1
Residents on individually written bowel and bladder retraining program.	4	2.1	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	76	39.4	34.5	29.3
<b>Completely bedfast residents.</b>	17	8.8	6.6	3.6
<b>Residents confined to chairs.</b>	135	69.9	64.8	39.1
<b>Residents requiring restraints.</b>	112	58.0	58.5	31.7
<b>Confused or disoriented residents.</b>	96	49.7	65.7	55.8
<b>Residents with bed sores.</b>	5	2.6	5.7	4.7
<b>Residents receiving special skin care.</b>	83	43.0	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRISTOL HLTH CARE CNTR

<b>Street Address:</b> 245 NORTH ST		<b>City and State:</b> BRISTOL VA 24201	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 117	<b>Medicare Residents:</b> 13	<b>Medicaid Residents:</b> 73	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	114	97.4	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	112	95.7	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	98	83.8	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	85.5	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	89	76.1	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	59	50.4	43.5	37.7
<b>Completely bedfast residents.</b>	1	0.9	9.6	3.4
<b>Residents confined to chairs.</b>	98	83.8	66.6	50.8
<b>Residents requiring restraints.</b>	78	66.7	59.5	41.3
<b>Confused or disoriented residents.</b>	80	68.4	62.6	58.4
<b>Residents with bed sores.</b>	12	10.3	7.5	7.1
<b>Residents receiving special skin care.</b>	36	30.8	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SHENANDOAH VALLEY HLTH CR CNTR

<b>Street Address:</b>		<b>City and State:</b>	
3737 CATALPA AVE PO BOX 711		BUENA VISTA VA 24416	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	93	PROPRIETARY	09/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
61	0	42			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		58	95.1	94.3	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		47	77.0	89.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		39	63.9	80.9	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		55	90.2	81.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		32	52.5	73.7	68.2
Residents on individually written bowel and bladder retraining program.		1	1.6	8.9	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		10	16.4	43.5	37.7
<b>Completely bedfast residents.</b>		4	6.6	9.6	3.4
<b>Residents confined to chairs.</b>		36	59.0	66.6	50.8
<b>Residents requiring restraints.</b>		19	31.1	59.5	41.3
<b>Confused or disoriented residents.</b>		18	29.5	62.6	58.4
<b>Residents with bed sores.</b>		3	4.9	7.5	7.1
<b>Residents receiving special skin care.</b>		5	8.2	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ELDERCARE GARDENS

<b>Street Address:</b>		<b>City and State:</b>	
1150 NORTHWEST DR		CHARLOTTESVILLE VA 22901	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	04/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
166	7	114	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	166	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	164	98.8	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	156	94.0	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	91.6	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	138	83.1	73.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	122	73.5	43.5	37.7
<b>Completely bedfast residents.</b>	7	4.2	9.6	3.4
<b>Residents confined to chairs.</b>	142	85.5	66.6	50.8
<b>Residents requiring restraints.</b>	165	99.4	59.5	41.3
<b>Confused or disoriented residents.</b>	118	71.1	62.6	58.4
<b>Residents with bed sores.</b>	15	9.0	7.5	7.1
<b>Residents receiving special skin care.</b>	49	29.5	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE HALL-CHARLOTTESVILLE

<b>Street Address:</b>		<b>City and State:</b>	
505 W RIO RD		CHARLOTTESVILLE VA 22901	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	01/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
2	0	0		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	2	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	2	100	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	2	100	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	2	100	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	2	100	43.5	37.7
<b>Completely bedfast residents.</b>	0	0.0	9.6	3.4
<b>Residents confined to chairs.</b>	0	0.0	66.6	50.8
<b>Residents requiring restraints.</b>	2	100	59.5	41.3
<b>Confused or disoriented residents.</b>	1	50.0	62.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.5	7.1
<b>Residents receiving special skin care.</b>	1	50.0	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PIEDMONT HEALTH CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
1214 JEFFERSON PARK AVE		CHARLOTTESVILLE VA 22905	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	173	PROPRIETARY	12/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
172	0	149		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	159	92.4	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	156	90.7	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	136	79.1	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	79.1	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	132	76.7	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	48	27.9	34.5	29.3
<b>Completely bedfast residents.</b>	9	5.2	6.6	3.6
<b>Residents confined to chairs.</b>	127	73.8	64.8	39.1
<b>Residents requiring restraints.</b>	85	49.4	58.5	31.7
<b>Confused or disoriented residents.</b>	125	72.7	65.7	55.8
<b>Residents with bed sores.</b>	15	8.7	5.7	4.7
<b>Residents receiving special skin care.</b>	83	48.3	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE THE CEDARS

<b>Street Address:</b>		<b>City and State:</b>	
1242 CEDARS COURT		CHARLOTTESVILLE VA 22901	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	143	PROPRIETARY	07/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
140	0	47

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	135	96.4	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	119	85.0	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	111	79.3	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	85.7	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	58.6	73.7	68.2
Residents on individually written bowel and bladder retraining program.	13	9.3	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	68	48.6	43.5	37.7
<b>Completely bedfast residents.</b>	6	4.3	9.6	3.4
<b>Residents confined to chairs.</b>	98	70.0	66.6	50.8
<b>Residents requiring restraints.</b>	72	51.4	59.5	41.3
<b>Confused or disoriented residents.</b>	101	72.1	62.6	58.4
<b>Residents with bed sores.</b>	10	7.1	7.5	7.1
<b>Residents receiving special skin care.</b>	28	20.0	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE AUTUMN CARE OF CHESAPEAKE

<b>Street Address:</b>		<b>City and State:</b>	
2701 BORDER RD BOX 5266		CHESAPEAKE VA 23324	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	54	PROPRIETARY	07/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
54	0	46		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	38	70.4	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	43	79.6	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	32	59.3	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	68.5	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	32	59.3	70.9	59.1
Residents on individually written bowel and bladder retraining program.	6	11.1	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	27.8	34.5	29.3
<b>Completely bedfast residents.</b>	0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>	23	42.6	64.8	39.1
<b>Residents requiring restraints.</b>	21	38.9	58.5	31.7
<b>Confused or disoriented residents.</b>	25	46.3	65.7	55.8
<b>Residents with bed sores.</b>	4	7.4	5.7	4.7
<b>Residents receiving special skin care.</b>	35	64.8	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE AUTUMN CARE-GREAT BRIDGE

<b>Street Address:</b>		<b>City and State:</b>	
821 CEDAR RD		CHESAPEAKE VA 23320	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	55	PROPRIETARY	02/19/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
53	0	44			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	51	96.2	95.1	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	51	96.2	89.0	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	39	73.6	77.2	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	71.7	78.8	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	34	64.2	70.9	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	7	13.2	34.5	29.3	
Completely bedfast residents.	0	0.0	6.6	3.6	
Residents confined to chairs.	46	86.8	64.8	39.1	
Residents requiring restraints.	31	58.5	58.5	31.7	
Confused or disoriented residents.	43	81.1	65.7	55.8	
Residents with bed sores.	1	1.9	5.7	4.7	
Residents receiving special skin care.	1	1.9	36.8	24.0	

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRENT-LOX HALL NRS CTR

<b>Street Address:</b>		<b>City and State:</b>	
1017 GEORGE WASHINGTON HWY		CHESAPEAKE VA 23323	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	PROPRIETARY	02/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
114	0	109		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	113	99.1	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	103	90.4	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	71	62.3	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	59.6	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	48.2	70.9	59.1
Residents on individually written bowel and bladder retraining program.	6	5.3	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	21.9	34.5	29.3
<b>Completely bedfast residents.</b>	0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>	68	59.6	64.8	39.1
<b>Residents requiring restraints.</b>	33	28.9	58.5	31.7
<b>Confused or disoriented residents.</b>	69	60.5	65.7	55.8
<b>Residents with bed sores.</b>	2	1.8	5.7	4.7
<b>Residents receiving special skin care.</b>	6	5.3	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CAMELOT HALL-CHESAPEAKE

<b>Street Address:</b>		<b>City and State:</b>	
688 KINGSBOROUGH SQUARE		CHESAPEAKE VA 23320	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	06/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
230	5	187

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	184	80.0	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	190	82.6	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	175	76.1	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	178	77.4	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	161	70.0	73.7	68.2
Residents on individually written bowel and bladder retraining program.	14	6.1	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	61	26.5	43.5	37.7
<b>Completely bedfast residents.</b>	11	4.8	9.6	3.4
<b>Residents confined to chairs.</b>	182	79.1	66.6	50.8
<b>Residents requiring restraints.</b>	77	33.5	59.5	41.3
<b>Confused or disoriented residents.</b>	117	50.9	62.6	58.4
<b>Residents with bed sores.</b>	15	6.5	7.5	7.1
<b>Residents receiving special skin care.</b>	37	16.1	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SENTARA NSG CTR - CHESAPEAKE

<b>Street Address:</b> 776 OAK GROVE RD PO BOX 1277		<b>City and State:</b> CHESAPEAKE VA 23320	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 102	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 04/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 102	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 80
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	101	99.0	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	84	82.4	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	63	61.8	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	57.8	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	58.8	70.9	59.1
Residents on individually written bowel and bladder retraining program.	10	9.8	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	13.7	34.5	29.3
<b>Completely bedfast residents.</b>	1	1.0	6.6	3.6
<b>Residents confined to chairs.</b>	47	46.1	64.8	39.1
<b>Residents requiring restraints.</b>	31	30.4	58.5	31.7
<b>Confused or disoriented residents.</b>	82	80.4	65.7	55.8
<b>Residents with bed sores.</b>	3	2.9	5.7	4.7
<b>Residents receiving special skin care.</b>	18	17.6	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CHESTERFIELD CO LUCY CORR NRSNG HM

<b>Street Address:</b> PO BOX 170		<b>City and State:</b> CHESTERFIELD VA 23832	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 194	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 01/14/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
192		6		114			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				187	97.4	94.3	81.5
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				191	99.5	89.2	83.2
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				180	93.8	80.9	73.8
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				164	85.4	81.7	77.2
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				147	76.6	73.7	68.2
Residents on individually written bowel and bladder retraining program.				1	0.5	8.9	4.6
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				118	61.5	43.5	37.7
<b>Completely bedfast residents.</b>				4	2.1	9.6	3.4
<b>Residents confined to chairs.</b>				157	81.8	66.6	50.8
<b>Residents requiring restraints.</b>				168	87.5	59.5	41.3
<b>Confused or disoriented residents.</b>				108	56.3	62.6	58.4
<b>Residents with bed sores.</b>				4	2.1	7.5	7.1
<b>Residents receiving special skin care.</b>				84	43.8	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE VALLEY HEALTH CARE CENTER

<b>Street Address:</b> PO BOX 746 HIGHWAY 11		<b>City and State:</b> CHILHOWIE VA 24319	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 119	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 80	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	110	92.4	94.3	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	113	95.0	89.2	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	90	75.6	80.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	87.4	81.7	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	97	81.5	73.7	68.2
Residents on individually written bowel and bladder retraining program.	8	6.7	8.9	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	51	42.9	43.5	37.7
<b>Completely bedfast residents.</b>	14	11.8	9.6	3.4
<b>Residents confined to chairs.</b>	81	68.1	66.6	50.8
<b>Residents requiring restraints.</b>	52	43.7	59.5	41.3
<b>Confused or disoriented residents.</b>	57	47.9	62.6	58.4
<b>Residents with bed sores.</b>	7	5.9	7.5	7.1
<b>Residents receiving special skin care.</b>	31	26.1	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LIBERTY HOUSE OF CLIFTON FORGE

<b>Street Address:</b> ROUTE 60E BOX 167		<b>City and State:</b> CLIFTON FORGE VA 24422	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 150	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/21/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 142	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 121	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	140	98.6	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	129	90.8	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	121	85.2	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	90.1	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	111	78.2	73.7	68.2
Residents on individually written bowel and bladder retraining program.	4	2.8	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	68	47.9	43.5	37.7
<b>Completely bedfast residents.</b>	9	6.3	9.6	3.4
<b>Residents confined to chairs.</b>	121	85.2	66.6	50.8
<b>Residents requiring restraints.</b>	107	75.4	59.5	41.3
<b>Confused or disoriented residents.</b>	117	82.4	62.6	58.4
<b>Residents with bed sores.</b>	9	6.3	7.5	7.1
<b>Residents receiving special skin care.</b>	32	22.5	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SHENANDOAH MANOR CLIFTON FORGE

<b>Street Address:</b>		<b>City and State:</b>	
FAIRVIEW HEIGHTS RT 1		CLIFTON FORGE VA 24422	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	11/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
48	0	26	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	48	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	91.7	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	81.3	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	83.3	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	72.9	70.9	59.1
Residents on individually written bowel and bladder retraining program.	6	12.5	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	45.8	34.5	29.3
<b>Completely bedfast residents.</b>	6	12.5	6.6	3.6
<b>Residents confined to chairs.</b>	33	68.8	64.8	39.1
<b>Residents requiring restraints.</b>	19	39.6	58.5	31.7
<b>Confused or disoriented residents.</b>	28	58.3	65.7	55.8
<b>Residents with bed sores.</b>	1	2.1	5.7	4.7
<b>Residents receiving special skin care.</b>	1	2.1	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE HALL CLINTWOOD

<b>Street Address:</b> PO BOX 909		<b>City and State:</b> CLINTWOOD VA 24228	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 99	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 92	
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	99	100	95.1	78.3

<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	98	99.0	89.0	76.7

<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	98	99.0	77.2	63.4

<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	96.0	78.8	66.0

<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	98	99.0	70.9	59.1

Residents on individually written bowel and bladder retraining program.	14	14.1	7.8	6.1

<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	57	57.6	34.5	29.3

<b>Completely bedfast residents.</b>	15	15.2	6.6	3.6

<b>Residents confined to chairs.</b>	65	65.7	64.8	39.1

<b>Residents requiring restraints.</b>	91	91.9	58.5	31.7

<b>Confused or disoriented residents.</b>	99	100	65.7	55.8

<b>Residents with bed sores.</b>	4	4.0	5.7	4.7

<b>Residents receiving special skin care.</b>	8	8.1	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COLONIAL HEIGHTS CONVAL CTR

<b>Street Address:</b>		<b>City and State:</b>	
831 EA ELLERSLIE AVE		COLONIAL HEIGHTS VA 23834	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	136	PROPRIETARY	11/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
135	0	69		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	135	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	116	85.9	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	97	71.9	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	82.2	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	102	75.6	73.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	62	45.9	43.5	37.7
<b>Completely bedfast residents.</b>	14	10.4	9.6	3.4
<b>Residents confined to chairs.</b>	40	29.6	66.6	50.8
<b>Residents requiring restraints.</b>	33	24.4	59.5	41.3
<b>Confused or disoriented residents.</b>	48	35.6	62.6	58.4
<b>Residents with bed sores.</b>	7	5.2	7.5	7.1
<b>Residents receiving special skin care.</b>	34	25.2	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CULPEPER BAPTIST RETIRE COMMUNITY

<b>Street Address:</b> PO BOX 191 RTE 15		<b>City and State:</b> CULPEPER VA 22701	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 47	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 03/02/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 39	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 19	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	35	89.7	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	32	82.1	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	100	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	66.7	70.9	59.1
Residents on individually written bowel and bladder retraining program.	7	17.9	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	23.1	34.5	29.3
<b>Completely bedfast residents.</b>	0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>	35	89.7	64.8	39.1
<b>Residents requiring restraints.</b>	22	56.4	58.5	31.7
<b>Confused or disoriented residents.</b>	16	41.0	65.7	55.8
<b>Residents with bed sores.</b>	1	2.6	5.7	4.7
<b>Residents receiving special skin care.</b>	9	23.1	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CULPEPER HLTH CARE CNTR

<b>Street Address:</b> 602 MADISON RD		<b>City and State:</b> CULPEPER VA 22701	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 180	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 171	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 147	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	141	82.5	95.1	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	142	83.0	89.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	140	81.9	77.2	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	60.2	78.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	129	75.4	70.9	59.1
Residents on individually written bowel and bladder retraining program.	87	50.9	7.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	43	25.1	34.5	29.3
<b>Completely bedfast residents.</b>	4	2.3	6.6	3.6
<b>Residents confined to chairs.</b>	127	74.3	64.8	39.1
<b>Residents requiring restraints.</b>	74	43.3	58.5	31.7
<b>Confused or disoriented residents.</b>	107	62.6	65.7	55.8
<b>Residents with bed sores.</b>	32	18.7	5.7	4.7
<b>Residents receiving special skin care.</b>	78	45.6	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CAMELOT HALL NRS HOME

<b>Street Address:</b> 450 PINEY FOREST RD		<b>City and State:</b> DANVILLE VA 24541	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 119	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 106		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	108	90.8	94.3	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	96	80.7	89.2	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	90	75.6	80.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	73.1	81.7	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	86	72.3	73.7	68.2
Residents on individually written bowel and bladder retraining program.	13	10.9	8.9	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	48	40.3	43.5	37.7
Completely bedfast residents.	7	5.9	9.6	3.4
Residents confined to chairs.	98	82.4	66.6	50.8
Residents requiring restraints.	77	64.7	59.5	41.3
Confused or disoriented residents.	79	66.4	62.6	58.4
Residents with bed sores.	7	5.9	7.5	7.1
Residents receiving special skin care.	119	100	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEMORIAL HOSP

<b>Street Address:</b> 142 S MAIN ST		<b>City and State:</b> DANVILLE VA 24541	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 506	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 02/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 17	<b>Medicare Residents:</b> 6	<b>Medicaid Residents:</b> 9	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	17	100	94.3	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	17	100	89.2	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	17	100	80.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	100	81.7	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	15	88.2	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	17	100	43.5	37.7
<b>Completely bedfast residents.</b>	3	17.6	9.6	3.4
<b>Residents confined to chairs.</b>	8	47.1	66.6	50.8
<b>Residents requiring restraints.</b>	17	100	59.5	41.3
<b>Confused or disoriented residents.</b>	12	70.6	62.6	58.4
<b>Residents with bed sores.</b>	5	29.4	7.5	7.1
<b>Residents receiving special skin care.</b>	8	47.1	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE RIVERSIDE HEALTH CARE

<b>Street Address:</b>		<b>City and State:</b>	
2344 RIVERSIDE DRIVE		DANVILLE VA 24540	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	180	PROPRIETARY	09/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
179	0	123

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	170	95.0	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	154	86.0	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	142	79.3	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	76.0	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	132	73.7	70.9	59.1
Residents on individually written bowel and bladder retraining program.	8	4.5	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	58	32.4	34.5	29.3
<b>Completely bedfast residents.</b>	24	13.4	6.6	3.6
<b>Residents confined to chairs.</b>	118	65.9	64.8	39.1
<b>Residents requiring restraints.</b>	114	63.7	58.5	31.7
<b>Confused or disoriented residents.</b>	140	78.2	65.7	55.8
<b>Residents with bed sores.</b>	10	5.6	5.7	4.7
<b>Residents receiving special skin care.</b>	54	30.2	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ROMAN EAGLE MEMORIAL HOME

<b>Street Address:</b>		<b>City and State:</b>	
2526 NORTH MAIN ST		DANVILLE VA 24540	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	312	NON-PROFIT PRIVATE	02/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
309	0	191	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	307	99.4	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	294	95.1	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	272	88.0	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	266	86.1	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	221	71.5	73.7	68.2
Residents on individually written bowel and bladder retraining program.	8	2.6	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	158	51.1	43.5	37.7
<b>Completely bedfast residents.</b>	42	13.6	9.6	3.4
<b>Residents confined to chairs.</b>	204	66.0	66.6	50.8
<b>Residents requiring restraints.</b>	141	45.6	59.5	41.3
<b>Confused or disoriented residents.</b>	216	69.9	62.6	58.4
<b>Residents with bed sores.</b>	19	6.1	7.5	7.1
<b>Residents receiving special skin care.</b>	74	23.9	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE HALL DILLWYN

<b>Street Address:</b>		<b>City and State:</b>	
9 BRICKYARD DRIVE		DILLWYN VA 23936	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	11/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
60	0	58

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	55	91.7	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	45	75.0	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	68.3	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	40.0	34.5	29.3
<b>Completely bedfast residents.</b>	11	18.3	6.6	3.6
<b>Residents confined to chairs.</b>	31	51.7	64.8	39.1
<b>Residents requiring restraints.</b>	50	83.3	58.5	31.7
<b>Confused or disoriented residents.</b>	46	76.7	65.7	55.8
<b>Residents with bed sores.</b>	9	15.0	5.7	4.7
<b>Residents receiving special skin care.</b>	18	30.0	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE CARTER HALL NH**

<b>Street Address:</b>		<b>City and State:</b>	
PO BX 53		DRYDEN VA 24243	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	50	PROPRIETARY	06/24/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
47	0	44	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	93.6	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	87.2	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	91.5	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	42	89.4	70.9	59.1
Residents on individually written bowel and bladder retraining program.	1	2.1	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	34.0	34.5	29.3
<b>Completely bedfast residents.</b>	7	14.9	6.6	3.6
<b>Residents confined to chairs.</b>	34	72.3	64.8	39.1
<b>Residents requiring restraints.</b>	28	59.6	58.5	31.7
<b>Confused or disoriented residents.</b>	41	87.2	65.7	55.8
<b>Residents with bed sores.</b>	1	2.1	5.7	4.7
<b>Residents receiving special skin care.</b>	7	14.9	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HIGHLAND MANOR NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
HANKS AVE		DUBLIN VA 24084	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	132	NON-PROFIT PRIVATE	06/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
127	0	103	

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	127	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	98	77.2	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	81	63.8	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	88.2	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	64.6	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	14.2	34.5	29.3
<b>Completely bedfast residents.</b>	6	4.7	6.6	3.6
<b>Residents confined to chairs.</b>	68	53.5	64.8	39.1
<b>Residents requiring restraints.</b>	47	37.0	58.5	31.7
<b>Confused or disoriented residents.</b>	88	69.3	65.7	55.8
<b>Residents with bed sores.</b>	7	5.5	5.7	4.7
<b>Residents receiving special skin care.</b>	27	21.3	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE RIDGECREST MANOR NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
PO BOX 280 THOMAS VILLAGE		DUFFIELD VA 24244	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	01/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
119	3	92			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		117	98.3	94.3	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		107	89.9	89.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		101	84.9	80.9	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		102	85.7	81.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		88	73.9	73.7	68.2
Residents on individually written bowel and bladder retraining program.		7	5.9	8.9	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		37	31.1	43.5	37.7
<b>Completely bedfast residents.</b>		23	19.3	9.6	3.4
<b>Residents confined to chairs.</b>		71	59.7	66.6	50.8
<b>Residents requiring restraints.</b>		53	44.5	59.5	41.3
<b>Confused or disoriented residents.</b>		90	75.6	62.6	58.4
<b>Residents with bed sores.</b>		8	6.7	7.5	7.1
<b>Residents receiving special skin care.</b>		52	43.7	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ILIFF NURSING FACILITY

<b>Street Address:</b> 8000 ILIFF DR		<b>City and State:</b> DUNN LORING VA 22027	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 130	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 122	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 54	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	116	95.1	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	114	93.4	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	72.1	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	77.0	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	88	72.1	70.9	59.1
Residents on individually written bowel and bladder retraining program.	6	4.9	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	30.3	34.5	29.3
<b>Completely bedfast residents.</b>	1	0.8	6.6	3.6
<b>Residents confined to chairs.</b>	78	63.9	64.8	39.1
<b>Residents requiring restraints.</b>	75	61.5	58.5	31.7
<b>Confused or disoriented residents.</b>	88	72.1	65.7	55.8
<b>Residents with bed sores.</b>	10	8.2	5.7	4.7
<b>Residents receiving special skin care.</b>	26	21.3	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE AVIS B ADAMS CHRISTIAN CONV CTR

<b>Street Address:</b>		<b>City and State:</b>	
200 WEAVER AVE		EMPORIA VA 23847	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	PROPRIETARY	08/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
118	0	104		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	106	89.8	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	101	85.6	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	78	66.1	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	61.0	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	85	72.0	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	31.4	34.5	29.3
<b>Completely bedfast residents.</b>	5	4.2	6.6	3.6
<b>Residents confined to chairs.</b>	59	50.0	64.8	39.1
<b>Residents requiring restraints.</b>	36	30.5	58.5	31.7
<b>Confused or disoriented residents.</b>	94	79.7	65.7	55.8
<b>Residents with bed sores.</b>	8	6.8	5.7	4.7
<b>Residents receiving special skin care.</b>	35	29.7	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE COMMONWEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
4315 CHAIN BRIDGE ROAD		FAIRFAX VA 22030	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT PRIVATE	12/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
5	1	1

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	3	60.0	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	4	80.0	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	4	80.0	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	80.0	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	4	80.0	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	3	60.0	43.5	37.7
<b>Completely bedfast residents.</b>	1	20.0	9.6	3.4
<b>Residents confined to chairs.</b>	3	60.0	66.6	50.8
<b>Residents requiring restraints.</b>	2	40.0	59.5	41.3
<b>Confused or disoriented residents.</b>	3	60.0	62.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.5	7.1
<b>Residents receiving special skin care.</b>	2	40.0	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FAIRFAX NURSING HOME INC

<b>Street Address:</b> 10701 MAIN ST		<b>City and State:</b> FAIRFAX VA 22030	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 200	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 200	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 34		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	200	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	178	89.0	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	169	84.5	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	170	85.0	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	144	72.0	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	62	31.0	43.5	37.7
<b>Completely bedfast residents.</b>	20	10.0	9.6	3.4
<b>Residents confined to chairs.</b>	130	65.0	66.6	50.8
<b>Residents requiring restraints.</b>	54	27.0	59.5	41.3
<b>Confused or disoriented residents.</b>	127	63.5	62.6	58.4
<b>Residents with bed sores.</b>	17	8.5	7.5	7.1
<b>Residents receiving special skin care.</b>	64	32.0	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BARCROFT INSTITUTE

<b>Street Address:</b> 2960 SLEEPY HOLLOW RD		<b>City and State:</b> FALLS CHURCH VA 22044	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 58	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 57	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 54
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	56	98.2	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	84.2	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	33	57.9	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	61.4	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	59.6	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	64.9	34.5	29.3
<b>Completely bedfast residents.</b>	0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>	33	57.9	64.8	39.1
<b>Residents requiring restraints.</b>	26	45.6	58.5	31.7
<b>Confused or disoriented residents.</b>	40	70.2	65.7	55.8
<b>Residents with bed sores.</b>	4	7.0	5.7	4.7
<b>Residents receiving special skin care.</b>	57	100	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GOODWIN HOUSE WEST-HLTH CARE UNIT

<b>Street Address:</b> 3440 S JEFFERSON ST		<b>City and State:</b> FALLS CHURCH VA 22041	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 72	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 02/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 14	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	2	14.3	94.3	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	11	78.6	89.2	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	11	78.6	80.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	85.7	81.7	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	6	42.9	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	2	14.3	43.5	37.7
<b>Completely bedfast residents.</b>	1	7.1	9.6	3.4
<b>Residents confined to chairs.</b>	2	14.3	66.6	50.8
<b>Residents requiring restraints.</b>	1	7.1	59.5	41.3
<b>Confused or disoriented residents.</b>	9	64.3	62.6	58.4
<b>Residents with bed sores.</b>	2	14.3	7.5	7.1
<b>Residents receiving special skin care.</b>	2	14.3	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ELDERCARE OF FARMVILLE

<b>Street Address:</b>  P O BOX 487		<b>City and State:</b>  FARMVILLE VA 23901	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  120	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  05/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  117	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  94
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	116	99.1	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	96	82.1	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	80	68.4	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	84.6	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	84	71.8	70.9	59.1
Residents on individually written bowel and bladder retraining program.	5	4.3	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	14.5	34.5	29.3
<b>Completely bedfast residents.</b>	6	5.1	6.6	3.6
<b>Residents confined to chairs.</b>	95	81.2	64.8	39.1
<b>Residents requiring restraints.</b>	68	58.1	58.5	31.7
<b>Confused or disoriented residents.</b>	93	79.5	65.7	55.8
<b>Residents with bed sores.</b>	7	6.0	5.7	4.7
<b>Residents receiving special skin care.</b>	30	25.6	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SKYLINE MANOR NURSING HOME

<b>Street Address:</b>  ROUTE 4 BOX 234		<b>City and State:</b>  FLOYD VA 24091	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  60	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  09/04/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
59	0	47			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		59	100	95.1	78.3
Dressing					
Residents requiring some or total assistance in dressing.		54	91.5	89.0	76.7
Toileting					
Residents requiring some or total assistance in toileting.		37	62.7	77.2	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		36	61.0	78.8	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		30	50.8	70.9	59.1
Residents on individually written bowel and bladder retraining program.		7	11.9	7.8	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		9	15.3	34.5	29.3
Completely bedfast residents.		6	10.2	6.6	3.6
Residents confined to chairs.		35	59.3	64.8	39.1
Residents requiring restraints.		14	23.7	58.5	31.7
Confused or disoriented residents.		15	25.4	65.7	55.8
Residents with bed sores.		3	5.1	5.7	4.7
Residents receiving special skin care.		6	10.2	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SOUTHAMPTON MEMORIAL HOSP

<b>Street Address:</b> 100 FAIRVIEW DRIVE		<b>City and State:</b> FRANKLIN VA 23851	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 131	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 08/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 126	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 79
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	111	88.1	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	87.3	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	73.0	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	73.0	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	61.1	73.7	68.2
Residents on individually written bowel and bladder retraining program.	3	2.4	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	31.0	43.5	37.7
<b>Completely bedfast residents.</b>	7	5.6	9.6	3.4
<b>Residents confined to chairs.</b>	94	74.6	66.6	50.8
<b>Residents requiring restraints.</b>	45	35.7	59.5	41.3
<b>Confused or disoriented residents.</b>	61	48.4	62.6	58.4
<b>Residents with bed sores.</b>	16	12.7	7.5	7.1
<b>Residents receiving special skin care.</b>	42	33.3	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CARRIAGE HILL NSG HM

<b>Street Address:</b> 5040 PLANK RD		<b>City and State:</b> FREDERICKSBURG VA 22401	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 70	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 01/20/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 66	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 45		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	66	100	95.1	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	61	92.4	89.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	56	84.8	77.2	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	75.8	78.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	37	56.1	70.9	59.1
Residents on individually written bowel and bladder retraining program.	8	12.1	7.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	14	21.2	34.5	29.3
<b>Completely bedfast residents.</b>	1	1.5	6.6	3.6
<b>Residents confined to chairs.</b>	45	68.2	64.8	39.1
<b>Residents requiring restraints.</b>	21	31.8	58.5	31.7
<b>Confused or disoriented residents.</b>	38	57.6	65.7	55.8
<b>Residents with bed sores.</b>	5	7.6	5.7	4.7
<b>Residents receiving special skin care.</b>	14	21.2	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FREDERICKSBURG NURS HOME

<b>Street Address:</b> 3900 PLANK RD		<b>City and State:</b> FREDERICKSBURG VA 22401	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 177	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 172	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 146
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

<b>Bathing</b> Residents requiring some or total assistance in bathing.	165	95.9	95.1	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	144	83.7	89.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	129	75.0	77.2	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	72.1	78.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	117	68.0	70.9	59.1
Residents on individually written bowel and bladder retraining program.	13	7.6	7.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	61	35.5	34.5	29.3
<b>Completely bedfast residents.</b>	29	16.9	6.6	3.6
<b>Residents confined to chairs.</b>	100	58.1	64.8	39.1
<b>Residents requiring restraints.</b>	172	100	58.5	31.7
<b>Confused or disoriented residents.</b>	94	54.7	65.7	55.8
<b>Residents with bed sores.</b>	13	7.6	5.7	4.7
<b>Residents receiving special skin care.</b>	26	15.1	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WOODMONT NRS HOME

<b>Street Address:</b>  120 KINGS HGH		<b>City and State:</b>  FREDERICKSBURG VA 22401	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  122	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  07/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  120	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  57	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	111	92.5	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	91.7	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	93	77.5	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	85.0	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	97	80.8	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	56	46.7	34.5	29.3
<b>Completely bedfast residents.</b>	3	2.5	6.6	3.6
<b>Residents confined to chairs.</b>	99	82.5	64.8	39.1
<b>Residents requiring restraints.</b>	78	65.0	58.5	31.7
<b>Confused or disoriented residents.</b>	86	71.7	65.7	55.8
<b>Residents with bed sores.</b>	5	4.2	5.7	4.7
<b>Residents receiving special skin care.</b>	27	22.5	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE HALL - FRONT ROYAL

<b>Street Address:</b> 400 WEST STRASBURG ROAD		<b>City and State:</b> FRONT ROYAL VA 22630	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 57	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 44			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		54	94.7	95.1	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		51	89.5	89.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		36	63.2	77.2	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		38	66.7	78.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		36	63.2	70.9	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	7.8	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		11	19.3	34.5	29.3
<b>Completely bedfast residents.</b>		5	8.8	6.6	3.6
<b>Residents confined to chairs.</b>		30	52.6	64.8	39.1
<b>Residents requiring restraints.</b>		31	54.4	58.5	31.7
<b>Confused or disoriented residents.</b>		14	24.6	65.7	55.8
<b>Residents with bed sores.</b>		9	15.8	5.7	4.7
<b>Residents receiving special skin care.</b>		21	36.8	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WARREN MEM HOSP INC

<b>Street Address:</b>		<b>City and State:</b>	
1000 SHENDOAH AVE		FRONT ROYAL VA 22630	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	151	NON-PROFIT OTHER	08/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
40	0	38		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	34	85.0	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	38	95.0	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	32	80.0	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	100	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	85.0	70.9	59.1
Residents on individually written bowel and bladder retraining program.	19	47.5	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	77.5	34.5	29.3
<b>Completely bedfast residents.</b>	1	2.5	6.6	3.6
<b>Residents confined to chairs.</b>	26	65.0	64.8	39.1
<b>Residents requiring restraints.</b>	35	87.5	58.5	31.7
<b>Confused or disoriented residents.</b>	13	32.5	65.7	55.8
<b>Residents with bed sores.</b>	2	5.0	5.7	4.7
<b>Residents receiving special skin care.</b>	18	45.0	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BLUE RIDGE HIGHLANDS

<b>Street Address:</b>		<b>City and State:</b>	
836 GLENDALE RD PO BOX 229		GALAX VA 24333	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	PROPRIETARY	12/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
116	0	103	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	116	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	106	91.4	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	75.9	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	78.4	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	69.0	70.9	59.1
Residents on individually written bowel and bladder retraining program.	6	5.2	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	29.3	34.5	29.3
<b>Completely bedfast residents.</b>	1	0.9	6.6	3.6
<b>Residents confined to chairs.</b>	88	75.9	64.8	39.1
<b>Residents requiring restraints.</b>	51	44.0	58.5	31.7
<b>Confused or disoriented residents.</b>	41	35.3	65.7	55.8
<b>Residents with bed sores.</b>	8	6.9	5.7	4.7
<b>Residents receiving special skin care.</b>	26	22.4	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WADDELL NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
202 PAINTER STREET		GALAX VA 24333	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	135	PROPRIETARY	10/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
133	4	87	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	118	88.7	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	117	88.0	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	113	85.0	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	85.7	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	101	75.9	73.7	68.2
Residents on individually written bowel and bladder retraining program.	11	8.3	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	50	37.6	43.5	37.7
<b>Completely bedfast residents.</b>	39	29.3	9.6	3.4
<b>Residents confined to chairs.</b>	73	54.9	66.6	50.8
<b>Residents requiring restraints.</b>	125	94.0	59.5	41.3
<b>Confused or disoriented residents.</b>	89	66.9	62.6	58.4
<b>Residents with bed sores.</b>	9	6.8	7.5	7.1
<b>Residents receiving special skin care.</b>	3	2.3	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

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## NURSING HOME PROFILE ELIZABETH ADAM CRUMP MANOR

<b>Street Address:</b>		<b>City and State:</b>	
MOUNTAIN RD PO BOX 1458		GLEN ALLEN VA 23060	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	180	LOCAL GOVERNMENT	04/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
176	0	120

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	128	72.7	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	140	79.5	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	134	76.1	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	73.3	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	130	73.9	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	57	32.4	34.5	29.3
<b>Completely bedfast residents.</b>	11	6.3	6.6	3.6
<b>Residents confined to chairs.</b>	97	55.1	64.8	39.1
<b>Residents requiring restraints.</b>	88	50.0	58.5	31.7
<b>Confused or disoriented residents.</b>	85	48.3	65.7	55.8
<b>Residents with bed sores.</b>	8	4.5	5.7	4.7
<b>Residents receiving special skin care.</b>	53	30.1	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WALTER REED CONV CNTR

<b>Street Address:</b>		<b>City and State:</b>	
P O BOX 887 MEREDITH DR		GLOUCESTER VA 23061	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	161	PROPRIETARY	03/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
120	0	96

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	113	94.2	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	113	94.2	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	96	80.0	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	81.7	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	83	69.2	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	50	41.7	34.5	29.3
<b>Completely bedfast residents.</b>	9	7.5	6.6	3.6
<b>Residents confined to chairs.</b>	86	71.7	64.8	39.1
<b>Residents requiring restraints.</b>	110	91.7	58.5	31.7
<b>Confused or disoriented residents.</b>	52	43.3	65.7	55.8
<b>Residents with bed sores.</b>	1	0.8	5.7	4.7
<b>Residents receiving special skin care.</b>	98	81.7	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE COLISEUM PARK NSG HOME

<b>Street Address:</b>		<b>City and State:</b>	
305 MARCELLA RD		HAMPTON VA 23666	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	180	PROPRIETARY	01/20/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
116	0	87

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	116	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	109	94.0	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	97	83.6	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	90.5	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	83	71.6	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	28.4	34.5	29.3
<b>Completely bedfast residents.</b>	2	1.7	6.6	3.6
<b>Residents confined to chairs.</b>	90	77.6	64.8	39.1
<b>Residents requiring restraints.</b>	91	78.4	58.5	31.7
<b>Confused or disoriented residents.</b>	73	62.9	65.7	55.8
<b>Residents with bed sores.</b>	3	2.6	5.7	4.7
<b>Residents receiving special skin care.</b>	30	25.9	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HAMPTON CONV CENTER

<b>Street Address:</b> 414 ALGONQUIN RD		<b>City and State:</b> HAMPTON VA 23661	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 160	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 03/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 154	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 102	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	151	98.1	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	137	89.0	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	119	77.3	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	71.4	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	89	57.8	70.9	59.1
Residents on individually written bowel and bladder retraining program.	11	7.1	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	63	40.9	34.5	29.3
<b>Completely bedfast residents.</b>	3	1.9	6.6	3.6
<b>Residents confined to chairs.</b>	100	64.9	64.8	39.1
<b>Residents requiring restraints.</b>	75	48.7	58.5	31.7
<b>Confused or disoriented residents.</b>	104	67.5	65.7	55.8
<b>Residents with bed sores.</b>	6	3.9	5.7	4.7
<b>Residents receiving special skin care.</b>	26	16.9	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HAMPTON GENERAL HOSPITAL SNF

<b>Street Address:</b> 3120 VICTORIA BLVD.		<b>City and State:</b> HAMPTON VA 23669	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 369	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 02/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 14	<b>Medicare Residents:</b> 7	<b>Medicaid Residents:</b> 7
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b> Residents requiring some or total assistance in bathing.	14	100	94.3	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	14	100	89.2	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	14	100	80.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	100	81.7	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	13	92.9	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	12	85.7	43.5	37.7
Completely bedfast residents.	6	42.9	9.6	3.4
Residents confined to chairs.	8	57.1	66.6	50.8
Residents requiring restraints.	7	50.0	59.5	41.3
Confused or disoriented residents.	8	57.1	62.6	58.4
Residents with bed sores.	5	35.7	7.5	7.1
Residents receiving special skin care.	10	71.4	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CAMELOT HALL NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
1225 RESERVOIR STREET		HARRISONBURG VA 22801	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	10/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
175	4	106		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	174	99.4	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	157	89.7	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	150	85.7	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	156	89.1	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	121	69.1	73.7	68.2
Residents on individually written bowel and bladder retraining program.	55	31.4	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	85	48.6	43.5	37.7
<b>Completely bedfast residents.</b>	8	4.6	9.6	3.4
<b>Residents confined to chairs.</b>	140	80.0	66.6	50.8
<b>Residents requiring restraints.</b>	123	70.3	59.5	41.3
<b>Confused or disoriented residents.</b>	109	62.3	62.6	58.4
<b>Residents with bed sores.</b>	15	8.6	7.5	7.1
<b>Residents receiving special skin care.</b>	63	36.0	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LIBERTY HOUSE NURSING HOME

<b>Street Address:</b> 94 SOUTH AVENUE		<b>City and State:</b> HARRISONBURG VA 22801	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 117	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 115	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 95	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	115	100	94.3	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	112	97.4	89.2	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	105	91.3	80.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	92.2	81.7	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	70	60.9	73.7	68.2
Residents on individually written bowel and bladder retraining program.	6	5.2	8.9	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	48	41.7	43.5	37.7
<b>Completely bedfast residents.</b>	11	9.6	9.6	3.4
<b>Residents confined to chairs.</b>	86	74.8	66.6	50.8
<b>Residents requiring restraints.</b>	90	78.3	59.5	41.3
<b>Confused or disoriented residents.</b>	80	69.6	62.6	58.4
<b>Residents with bed sores.</b>	14	12.2	7.5	7.1
<b>Residents receiving special skin care.</b>	40	34.8	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE OAK LEA NSG HOME

<b>Street Address:</b>		<b>City and State:</b>	
1475 VIRGINIA AVE		HARRISONBURG VA 22801	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	NON-PROFIT RELIGIOUS	10/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
119		0		65	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		116	97.5	95.1	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		115	96.6	89.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		94	79.0	77.2	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		119	100	78.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		90	75.6	70.9	59.1
Residents on individually written bowel and bladder retraining program.		6	5.0	7.8	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		34	28.6	34.5	29.3
<b>Completely bedfast residents.</b>		26	21.8	6.6	3.6
<b>Residents confined to chairs.</b>		53	44.5	64.8	39.1
<b>Residents requiring restraints.</b>		57	47.9	58.5	31.7
<b>Confused or disoriented residents.</b>		82	68.9	65.7	55.8
<b>Residents with bed sores.</b>		5	4.2	5.7	4.7
<b>Residents receiving special skin care.</b>		35	29.4	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SUNNYSIDE PRESBYTERIAN HM

<b>Street Address:</b> RT 687		<b>City and State:</b> HARRISONBURG VA 22801	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 07/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 98	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 41
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	98	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	77	78.6	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	64	65.3	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	64.3	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	29.6	34.5	29.3
<b>Completely bedfast residents.</b>	22	22.4	6.6	3.6
<b>Residents confined to chairs.</b>	49	50.0	64.8	39.1
<b>Residents requiring restraints.</b>	59	60.2	58.5	31.7
<b>Confused or disoriented residents.</b>	57	58.2	65.7	55.8
<b>Residents with bed sores.</b>	2	2.0	5.7	4.7
<b>Residents receiving special skin care.</b>	17	17.3	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HOPEWELL CONVALESCENT

<b>Street Address:</b>		<b>City and State:</b>	
905 COUSINS AVE		HOPEWELL VA 23860	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	130	PROPRIETARY	08/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
128	2	106		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	128	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	127	99.2	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	124	96.9	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	82.0	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	105	82.0	73.7	68.2
Residents on individually written bowel and bladder retraining program.	39	30.5	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	64	50.0	43.5	37.7
<b>Completely bedfast residents.</b>	3	2.3	9.6	3.4
<b>Residents confined to chairs.</b>	97	75.8	66.6	50.8
<b>Residents requiring restraints.</b>	81	63.3	59.5	41.3
<b>Confused or disoriented residents.</b>	13	10.2	62.6	58.4
<b>Residents with bed sores.</b>	2	1.6	7.5	7.1
<b>Residents receiving special skin care.</b>	0	0.0	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE JOHN RANDOLPH NRSG HOME

<b>Street Address:</b> 409 RANDOLPH RD		<b>City and State:</b> HOPEWELL VA 23860	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 124	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 06/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 118	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 85
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	115	97.5	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	108	91.5	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	78.0	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	87.3	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	86	72.9	73.7	68.2
Residents on individually written bowel and bladder retraining program.	5	4.2	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	67	56.8	43.5	37.7
Completely bedfast residents.	24	20.3	9.6	3.4
Residents confined to chairs.	71	60.2	66.6	50.8
Residents requiring restraints.	85	72.0	59.5	41.3
Confused or disoriented residents.	67	56.8	62.6	58.4
Residents with bed sores.	9	7.6	7.5	7.1
Residents receiving special skin care.	42	35.6	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE RAPPAHANNOCK WESTMINSTER CANTERBURY

<b>Street Address:</b>		<b>City and State:</b>	
ROUTE 646 BOX 300		IRVINGTON VA 22480	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	42	NON-PROFIT RELIGIOUS	03/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
37	2	16		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	37	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	32	86.5	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	75.7	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	100	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	22	59.5	73.7	68.2
Residents on individually written bowel and bladder retraining program.	3	8.1	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	35.1	43.5	37.7
<b>Completely bedfast residents.</b>	1	2.7	9.6	3.4
<b>Residents confined to chairs.</b>	25	67.6	66.6	50.8
<b>Residents requiring restraints.</b>	26	70.3	59.5	41.3
<b>Confused or disoriented residents.</b>	20	54.1	62.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.5	7.1
<b>Residents receiving special skin care.</b>	9	24.3	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE THE LANCASHIRE

<b>Street Address:</b>		<b>City and State:</b>	
SCHOOL ST BOX 905		KILMARNOCK VA 22482	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	PROPRIETARY	10/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
116	0	53	

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	116	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	108	93.1	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	79.3	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	68.1	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	64	55.2	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	38.8	34.5	29.3
<b>Completely bedfast residents.</b>	8	6.9	6.6	3.6
<b>Residents confined to chairs.</b>	75	64.7	64.8	39.1
<b>Residents requiring restraints.</b>	47	40.5	58.5	31.7
<b>Confused or disoriented residents.</b>	74	63.8	65.7	55.8
<b>Residents with bed sores.</b>	2	1.7	5.7	4.7
<b>Residents receiving special skin care.</b>	10	8.6	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HERITAGE HALL HEALTH CARE X

<b>Street Address:</b>		<b>City and State:</b>	
RT 3, P.O. BOX 495		KING GEORGE VA 22485	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	130	PROPRIETARY	04/21/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
127	0	121		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	127	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	86.6	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	95	74.8	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	80.3	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	105	82.7	70.9	59.1
Residents on individually written bowel and bladder retraining program.	9	7.1	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	30.7	34.5	29.3
<b>Completely bedfast residents.</b>	13	10.2	6.6	3.6
<b>Residents confined to chairs.</b>	88	69.3	64.8	39.1
<b>Residents requiring restraints.</b>	121	95.3	58.5	31.7
<b>Confused or disoriented residents.</b>	105	82.7	65.7	55.8
<b>Residents with bed sores.</b>	4	3.1	5.7	4.7
<b>Residents receiving special skin care.</b>	43	33.9	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE HALL LEESBURG

<b>Street Address:</b>		<b>City and State:</b>	
122 MORVEN PARK RD NW		LEESBURG VA 22075	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	PROPRIETARY	02/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
116	0	79

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	116	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	108	93.1	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	106	91.4	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	81.0	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	97	83.6	70.9	59.1
Residents on individually written bowel and bladder retraining program.	19	16.4	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	75	64.7	34.5	29.3
<b>Completely bedfast residents.</b>	5	4.3	6.6	3.6
<b>Residents confined to chairs.</b>	92	79.3	64.8	39.1
<b>Residents requiring restraints.</b>	109	94.0	58.5	31.7
<b>Confused or disoriented residents.</b>	111	95.7	65.7	55.8
<b>Residents with bed sores.</b>	0	0.0	5.7	4.7
<b>Residents receiving special skin care.</b>	65	56.0	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LOUDOUN MEMORIAL HOSPITAL LTC

<b>Street Address:</b>		<b>City and State:</b>	
224 CORNWALL STREET NW		LEESBURG VA 22075	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	100	NON-PROFIT PRIVATE	01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
79	0	48	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	79	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	77	97.5	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	69	87.3	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	88.6	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	87.3	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	38.0	34.5	29.3
<b>Completely bedfast residents.</b>	2	2.5	6.6	3.6
<b>Residents confined to chairs.</b>	65	82.3	64.8	39.1
<b>Residents requiring restraints.</b>	75	94.9	58.5	31.7
<b>Confused or disoriented residents.</b>	43	54.4	65.7	55.8
<b>Residents with bed sores.</b>	8	10.1	5.7	4.7
<b>Residents receiving special skin care.</b>	21	26.6	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE STONEWALL JACKSON HOSP

<b>Street Address:</b>		<b>City and State:</b>	
SPOTSWOOD RD		LEXINGTON VA 24450	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	50	NON-PROFIT OTHER	04/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
50	23	10

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	94.0	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	47	94.0	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	86.0	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	84.0	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	66.0	73.7	68.2
Residents on individually written bowel and bladder retraining program.	6	12.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	42.0	43.5	37.7
<b>Completely bedfast residents.</b>	1	2.0	9.6	3.4
<b>Residents confined to chairs.</b>	42	84.0	66.6	50.8
<b>Residents requiring restraints.</b>	16	32.0	59.5	41.3
<b>Confused or disoriented residents.</b>	32	64.0	62.6	58.4
<b>Residents with bed sores.</b>	9	18.0	7.5	7.1
<b>Residents receiving special skin care.</b>	19	38.0	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MIZPAH NURSING HOME

<b>Street Address:</b> P O BOX 7		<b>City and State:</b> LOCUST HILL VA 23092	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 64	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 63	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 54			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		61	96.8	95.1	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		61	96.8	89.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		61	96.8	77.2	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		48	76.2	78.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		44	69.8	70.9	59.1
Residents on individually written bowel and bladder retraining program.		35	55.6	7.8	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		40	63.5	34.5	29.3
<b>Completely bedfast residents.</b>		0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>		47	74.6	64.8	39.1
<b>Residents requiring restraints.</b>		43	68.3	58.5	31.7
<b>Confused or disoriented residents.</b>		59	93.7	65.7	55.8
<b>Residents with bed sores.</b>		1	1.6	5.7	4.7
<b>Residents receiving special skin care.</b>		4	6.3	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LOUISA HEALTH CARE CNTR

<b>Street Address:</b> HIGHWAY 208 SO PO BOX1310		<b>City and State:</b> LOUISA VA 23093	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 90	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 90	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 77	
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	84	93.3	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	77	85.6	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	72	80.0	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	76.7	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	78.9	70.9	59.1
Residents on individually written bowel and bladder retraining program.	4	4.4	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	25.6	34.5	29.3
<b>Completely bedfast residents.</b>	4	4.4	6.6	3.6
<b>Residents confined to chairs.</b>	59	65.6	64.8	39.1
<b>Residents requiring restraints.</b>	50	55.6	58.5	31.7
<b>Confused or disoriented residents.</b>	54	60.0	65.7	55.8
<b>Residents with bed sores.</b>	7	7.8	5.7	4.7
<b>Residents receiving special skin care.</b>	64	71.1	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	1	0.9	255	4.7
MET	7	6.4	748	13.7
MET	5	4.6	601	11.0
MET	20	18.3	1385	25.3
MET	1	0.9	1045	19.1
MET	2	1.8	269	4.9
MET	0	0.0	311	5.7
MET	3	2.8	481	8.8
MET	0	0.0	479	8.8
MET	2	1.8	1064	19.4
MET	7	6.4	1169	21.4
MET	0	0.0	0	0.0
MET	0	0.0	0	0.0
MET	0	0.0	0	0.0
MET	1	0.9	267	4.9
MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LOVINGSTON HLTH CARE CNTR

<b>Street Address:</b> PO BOX 398 BUSINESS HWY 29		<b>City and State:</b> LOVINGSTON VA 22949	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/23/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
56	0	48			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		53	94.6	95.1	78.3
Dressing					
Residents requiring some or total assistance in dressing.		50	89.3	89.0	76.7
Toileting					
Residents requiring some or total assistance in toileting.		45	80.4	77.2	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		44	78.6	78.8	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		48	85.7	70.9	59.1
Residents on individually written bowel and bladder retraining program.		1	1.8	7.8	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		11	19.6	34.5	29.3
Completely bedfast residents.		0	0.0	6.6	3.6
Residents confined to chairs.		31	55.4	64.8	39.1
Residents requiring restraints.		51	91.1	58.5	31.7
Confused or disoriented residents.		47	83.9	65.7	55.8
Residents with bed sores.		12	21.4	5.7	4.7
Residents receiving special skin care.		17	30.4	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MONTVUE NRS HOME

<b>Street Address:</b>		<b>City and State:</b>	
MONTVUE DR		LURAY VA 22835	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	PROPRIETARY	02/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
118	0	96		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	112	94.9	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	97	82.2	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	91	77.1	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	71.2	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	47.5	70.9	59.1
Residents on individually written bowel and bladder retraining program.	8	6.8	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	28.0	34.5	29.3
<b>Completely bedfast residents.</b>	12	10.2	6.6	3.6
<b>Residents confined to chairs.</b>	88	74.6	64.8	39.1
<b>Residents requiring restraints.</b>	61	51.7	58.5	31.7
<b>Confused or disoriented residents.</b>	89	75.4	65.7	55.8
<b>Residents with bed sores.</b>	15	12.7	5.7	4.7
<b>Residents receiving special skin care.</b>	49	41.5	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CAMELOT HALL NH

<b>Street Address:</b> 5615 SEMINOLE AVE		<b>City and State:</b> LYNCHBURG VA 24502	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 180	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 179	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 111
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	169	94.4	94.3	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	149	83.2	89.2	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	141	78.8	80.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	78.8	81.7	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	134	74.9	73.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	8.9	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	73	40.8	43.5	37.7
<b>Completely bedfast residents.</b>	10	5.6	9.6	3.4
<b>Residents confined to chairs.</b>	102	57.0	66.6	50.8
<b>Residents requiring restraints.</b>	68	38.0	59.5	41.3
<b>Confused or disoriented residents.</b>	100	55.9	62.6	58.4
<b>Residents with bed sores.</b>	8	4.5	7.5	7.1
<b>Residents receiving special skin care.</b>	40	22.3	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE CENTRAL VIRGINIA TRG CNTR

<b>Street Address:</b> P O BOX 1098		<b>City and State:</b> LYNCHBURG VA 24505	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 348	<b>Type of Ownership:</b> STATE GOVERNMENT	<b>Survey Date:</b> 01/29/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 297	<b>Medicare Residents:</b> 35	<b>Medicaid Residents:</b> 261	
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	288	97.0	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	295	99.3	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	232	78.1	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	200	67.3	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	218	73.4	73.7	68.2
Residents on individually written bowel and bladder retraining program.	35	11.8	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	177	59.6	43.5	37.7
<b>Completely bedfast residents.</b>	0	0.0	9.6	3.4
<b>Residents confined to chairs.</b>	155	52.2	66.6	50.8
<b>Residents requiring restraints.</b>	158	53.2	59.5	41.3
<b>Confused or disoriented residents.</b>	188	63.3	62.6	58.4
<b>Residents with bed sores.</b>	4	1.3	7.5	7.1
<b>Residents receiving special skin care.</b>	129	43.4	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GRACE LODGE

<b>Street Address:</b>		<b>City and State:</b>	
1503 GRACE ST. PO BOX 820		LYNCHBURG VA 24505	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	44	PROPRIETARY	12/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
6	0	2	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	6	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	5	83.3	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	6	100	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	66.7	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	3	50.0	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	2	33.3	34.5	29.3
<b>Completely bedfast residents.</b>	0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>	3	50.0	64.8	39.1
<b>Residents requiring restraints.</b>	1	16.7	58.5	31.7
<b>Confused or disoriented residents.</b>	4	66.7	65.7	55.8
<b>Residents with bed sores.</b>	1	16.7	5.7	4.7
<b>Residents receiving special skin care.</b>	1	16.7	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE

### GUGGENHEIMER NSG HM DIV CENTRA HLTH

<b>Street Address:</b>		<b>City and State:</b>	
1902 GRACE ST		LYNCHBURG VA 24504	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	110	NON-PROFIT PRIVATE	12/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
108	0	90

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	76	70.4	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	91	84.3	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	56	51.9	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	70.4	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	63.9	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	25.0	34.5	29.3
<b>Completely bedfast residents.</b>	0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>	72	66.7	64.8	39.1
<b>Residents requiring restraints.</b>	40	37.0	58.5	31.7
<b>Confused or disoriented residents.</b>	52	48.1	65.7	55.8
<b>Residents with bed sores.</b>	3	2.8	5.7	4.7
<b>Residents receiving special skin care.</b>	28	25.9	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LYNCHBURG NURS HOME

<b>Street Address:</b>		<b>City and State:</b>	
701 HOLLINS ST		LYNCHBURG VA 24504	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	89	LOCAL GOVERNMENT	03/23/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
87	0	86		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	87	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	95.4	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	67	77.0	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	75.9	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	72	82.8	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	27.6	34.5	29.3
<b>Completely bedfast residents.</b>	6	6.9	6.6	3.6
<b>Residents confined to chairs.</b>	57	65.5	64.8	39.1
<b>Residents requiring restraints.</b>	60	69.0	58.5	31.7
<b>Confused or disoriented residents.</b>	87	100	65.7	55.8
<b>Residents with bed sores.</b>	6	6.9	5.7	4.7
<b>Residents receiving special skin care.</b>	23	26.4	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE MEDICAL CARE CTRS INC**

<b>Street Address:</b>		<b>City and State:</b>	
2200 LANDOVER PLACE		LYNCHBURG VA 24501	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	118	PROPRIETARY	05/12/88

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
115	1	69

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	109	94.8	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	109	94.8	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	102	88.7	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	93.0	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	71.3	73.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	33.0	43.5	37.7
<b>Completely bedfast residents.</b>	3	2.6	9.6	3.4
<b>Residents confined to chairs.</b>	93	80.9	66.6	50.8
<b>Residents requiring restraints.</b>	72	62.6	59.5	41.3
<b>Confused or disoriented residents.</b>	57	49.6	62.6	58.4
<b>Residents with bed sores.</b>	10	8.7	7.5	7.1
<b>Residents receiving special skin care.</b>	82	71.3	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SEVEN HILLS HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2081 LANGHORNE ROAD		LYNCHBURG VA 24501	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	109	PROPRIETARY	05/13/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
109	0	99		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	108	99.1	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	97	89.0	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	75	68.8	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	76.1	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	69.7	73.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	30.3	43.5	37.7
<b>Completely bedfast residents.</b>	1	0.9	9.6	3.4
<b>Residents confined to chairs.</b>	66	60.6	66.6	50.8
<b>Residents requiring restraints.</b>	61	56.0	59.5	41.3
<b>Confused or disoriented residents.</b>	53	48.6	62.6	58.4
<b>Residents with bed sores.</b>	9	8.3	7.5	7.1
<b>Residents receiving special skin care.</b>	29	26.6	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE VIRGINIA BAPTIST HOSP DIV CENTRA HLTH

<b>Street Address:</b>		<b>City and State:</b>	
3300 RIVERMONT AVE		LYNCHBURG VA 24503	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	333	NON-PROFIT PRIVATE	12/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
27	27	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	26	96.3	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	96.3	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	25	92.6	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	92.6	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	15	55.6	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	25.9	43.5	37.7
<b>Completely bedfast residents.</b>	9	33.3	9.6	3.4
<b>Residents confined to chairs.</b>	16	59.3	66.6	50.8
<b>Residents requiring restraints.</b>	5	18.5	59.5	41.3
<b>Confused or disoriented residents.</b>	4	14.8	62.6	58.4
<b>Residents with bed sores.</b>	7	25.9	7.5	7.1
<b>Residents receiving special skin care.</b>	19	70.4	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WESTMINSTER-CANTERBURY -LYNCHBURG

<b>Street Address:</b> 501 VES ROAD		<b>City and State:</b> LYNCHBURG VA 24503	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 80	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 03/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 74		<b>Medicare Residents:</b> 31		<b>Medicaid Residents:</b> 11	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		73	98.6	94.3	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		73	98.6	89.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		67	90.5	80.9	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		56	75.7	81.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		63	85.1	73.7	68.2
Residents on individually written bowel and bladder retraining program.		14	18.9	8.9	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		31	41.9	43.5	37.7
<b>Completely bedfast residents.</b>		1	1.4	9.6	3.4
<b>Residents confined to chairs.</b>		45	60.8	66.6	50.8
<b>Residents requiring restraints.</b>		42	56.8	59.5	41.3
<b>Confused or disoriented residents.</b>		55	74.3	62.6	58.4
<b>Residents with bed sores.</b>		1	1.4	7.5	7.1
<b>Residents receiving special skin care.</b>		38	51.4	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ANNABURG MANOR

<b>Street Address:</b>		<b>City and State:</b>	
9201 MAPLE ST		MANASSAS VA 22110	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	245	NON-PROFIT PRIVATE	10/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
241	4	162	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	224	92.9	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	200	83.0	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	192	79.7	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	188	78.0	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	172	71.4	73.7	68.2
Residents on individually written bowel and bladder retraining program.	17	7.1	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	83	34.4	43.5	37.7
<b>Completely bedfast residents.</b>	4	1.7	9.6	3.4
<b>Residents confined to chairs.</b>	163	67.6	66.6	50.8
<b>Residents requiring restraints.</b>	150	62.2	59.5	41.3
<b>Confused or disoriented residents.</b>	186	77.2	62.6	58.4
<b>Residents with bed sores.</b>	18	7.5	7.5	7.1
<b>Residents receiving special skin care.</b>	155	64.3	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FRANCIS MARION MANOR

<b>Street Address:</b>  P O BOX 880		<b>City and State:</b>  MARION VA 24354	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  109	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  09/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  26	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  18	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	25	96.2	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	100	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	23	88.5	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	100	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	22	84.6	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	69.2	34.5	29.3
<b>Completely bedfast residents.</b>	1	3.8	6.6	3.6
<b>Residents confined to chairs.</b>	23	88.5	64.8	39.1
<b>Residents requiring restraints.</b>	12	46.2	58.5	31.7
<b>Confused or disoriented residents.</b>	16	61.5	65.7	55.8
<b>Residents with bed sores.</b>	0	0.0	5.7	4.7
<b>Residents receiving special skin care.</b>	0	0.0	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SOUTHWESTERN STATE HOSP

<b>Street Address:</b>		<b>City and State:</b>	
DRAWER 670		MARION VA 24354	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	96	STATE GOVERNMENT	04/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
88	0	60	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	77	87.5	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	89.8	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	42	47.7	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	61.4	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	46	52.3	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	28.4	34.5	29.3
<b>Completely bedfast residents.</b>	1	1.1	6.6	3.6
<b>Residents confined to chairs.</b>	32	36.4	64.8	39.1
<b>Residents requiring restraints.</b>	36	40.9	58.5	31.7
<b>Confused or disoriented residents.</b>	61	69.3	65.7	55.8
<b>Residents with bed sores.</b>	3	3.4	5.7	4.7
<b>Residents receiving special skin care.</b>	21	23.9	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BLUE RIDGE NSG CNTR MARTINSVILLE HENRY

<b>Street Address:</b> 15 STARLING AVE		<b>City and State:</b> MARTINSVILLE VA 24115	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 182	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 99	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 77		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	99	100	95.1	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	97	98.0	89.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	73	73.7	77.2	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	79.8	78.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	79	79.8	70.9	59.1
Residents on individually written bowel and bladder retraining program.	5	5.1	7.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	26	26.3	34.5	29.3
<b>Completely bedfast residents.</b>	0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>	65	65.7	64.8	39.1
<b>Residents requiring restraints.</b>	32	32.3	58.5	31.7
<b>Confused or disoriented residents.</b>	69	69.7	65.7	55.8
<b>Residents with bed sores.</b>	7	7.1	5.7	4.7
<b>Residents receiving special skin care.</b>	7	7.1	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MARTINSVILLE CONVAL CTR

<b>Street Address:</b>		<b>City and State:</b>	
SPRUCE ST RT 8 BOX 474		MARTINSVILLE VA 24112	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	142	PROPRIETARY	04/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
139	13	89		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	131	94.2	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	132	95.0	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	119	85.6	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	81.3	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	124	89.2	73.7	68.2
Residents on individually written bowel and bladder retraining program.	4	2.9	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	74	53.2	43.5	37.7
<b>Completely bedfast residents.</b>	20	14.4	9.6	3.4
<b>Residents confined to chairs.</b>	98	70.5	66.6	50.8
<b>Residents requiring restraints.</b>	116	83.5	59.5	41.3
<b>Confused or disoriented residents.</b>	112	80.6	62.6	58.4
<b>Residents with bed sores.</b>	5	3.6	7.5	7.1
<b>Residents receiving special skin care.</b>	48	34.5	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

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**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MATHEWS CONV CENTER

<b>Street Address:</b> PO BOX 370		<b>City and State:</b> MATHEWS VA 23109	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 59	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 56	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 38
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	56	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	51	91.1	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	73.2	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	78.6	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	80.4	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	32.1	34.5	29.3
<b>Completely bedfast residents.</b>	7	12.5	6.6	3.6
<b>Residents confined to chairs.</b>	38	67.9	64.8	39.1
<b>Residents requiring restraints.</b>	35	62.5	58.5	31.7
<b>Confused or disoriented residents.</b>	41	73.2	65.7	55.8
<b>Residents with bed sores.</b>	4	7.1	5.7	4.7
<b>Residents receiving special skin care.</b>	18	32.1	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE HALL NASSAWADOX

<b>Street Address:</b> PO BOX 176		<b>City and State:</b> NASSAWADOX VA 23413	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 125	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 125	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 110	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	125	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	116	92.8	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	69.6	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	72.0	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	84	67.2	70.9	59.1
Residents on individually written bowel and bladder retraining program.	93	74.4	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	14.4	34.5	29.3
<b>Completely bedfast residents.</b>	2	1.6	6.6	3.6
<b>Residents confined to chairs.</b>	79	63.2	64.8	39.1
<b>Residents requiring restraints.</b>	62	49.6	58.5	31.7
<b>Confused or disoriented residents.</b>	81	64.8	65.7	55.8
<b>Residents with bed sores.</b>	11	8.8	5.7	4.7
<b>Residents receiving special skin care.</b>	33	26.4	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NORTHAMPTON-ACCOMACK MEM HOSP

<b>Street Address:</b> PO BOX 17		<b>City and State:</b> NASSAWADOX VA 23413	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 158	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 02/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 8	<b>Medicare Residents:</b> 7	<b>Medicaid Residents:</b> 1	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	8	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	8	100	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	8	100	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	100	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	3	37.5	73.7	68.2
Residents on individually written bowel and bladder retraining program.	1	12.5	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	1	12.5	43.5	37.7
<b>Completely bedfast residents.</b>	2	25.0	9.6	3.4
<b>Residents confined to chairs.</b>	6	75.0	66.6	50.8
<b>Residents requiring restraints.</b>	0	0.0	59.5	41.3
<b>Confused or disoriented residents.</b>	0	0.0	62.6	58.4
<b>Residents with bed sores.</b>	3	37.5	7.5	7.1
<b>Residents receiving special skin care.</b>	8	100	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LIFE CARE CENTER OF NEW MARKET

<b>Street Address:</b>		<b>City and State:</b>	
RT 211 EAST PO BOX 856		NEW MARKET VA 22844	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	76	PROPRIETARY	04/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
74	5	43

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	71	95.9	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	70	94.6	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	66	89.2	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	90.5	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	70.3	73.7	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	40.5	43.5	37.7
<b>Completely bedfast residents.</b>	22	29.7	9.6	3.4
<b>Residents confined to chairs.</b>	39	52.7	66.6	50.8
<b>Residents requiring restraints.</b>	50	67.6	59.5	41.3
<b>Confused or disoriented residents.</b>	48	64.9	62.6	58.4
<b>Residents with bed sores.</b>	8	10.8	7.5	7.1
<b>Residents receiving special skin care.</b>	37	50.0	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HUNTINGTON CONV CENTER

<b>Street Address:</b>		<b>City and State:</b>	
HUNTINGTON AVE + 51ST ST		NEWPORT NEWS VA 23607	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	250	PROPRIETARY	02/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
245	0	233	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	245	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	218	89.0	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	187	76.3	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	181	73.9	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	172	70.2	70.9	59.1
Residents on individually written bowel and bladder retraining program.	4	1.6	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	71	29.0	34.5	29.3
<b>Completely bedfast residents.</b>	6	2.4	6.6	3.6
<b>Residents confined to chairs.</b>	173	70.6	64.8	39.1
<b>Residents requiring restraints.</b>	221	90.2	58.5	31.7
<b>Confused or disoriented residents.</b>	158	64.5	65.7	55.8
<b>Residents with bed sores.</b>	17	6.9	5.7	4.7
<b>Residents receiving special skin care.</b>	158	64.5	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE JAMES RIVER CONV CTR

<b>Street Address:</b>		<b>City and State:</b>	
540 ABERTHAW AVE		NEWPORT NEWS VA 23601	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	195	PROPRIETARY	10/28/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
194	0	98			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		173	89.2	95.1	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		171	88.1	89.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		143	73.7	77.2	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		149	76.8	78.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		136	70.1	70.9	59.1
Residents on individually written bowel and bladder retraining program.		3	1.5	7.8	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		62	32.0	34.5	29.3
<b>Completely bedfast residents.</b>		7	3.6	6.6	3.6
<b>Residents confined to chairs.</b>		142	73.2	64.8	39.1
<b>Residents requiring restraints.</b>		101	52.1	58.5	31.7
<b>Confused or disoriented residents.</b>		139	71.6	65.7	55.8
<b>Residents with bed sores.</b>		6	3.1	5.7	4.7
<b>Residents receiving special skin care.</b>		194	100	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NEWPORT NEWS BAPTIST RETIREMENT COMMUN

<b>Street Address:</b> 955 HARPERSVILLE RD PO BOX 6010		<b>City and State:</b> NEWPORT NEWS VA 23606	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 52	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 10/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 52	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 18
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	52	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	52	100	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	92.3	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	88.5	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	78.8	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	40.4	34.5	29.3
<b>Completely bedfast residents.</b>	7	13.5	6.6	3.6
<b>Residents confined to chairs.</b>	30	57.7	64.8	39.1
<b>Residents requiring restraints.</b>	24	46.2	58.5	31.7
<b>Confused or disoriented residents.</b>	30	57.7	65.7	55.8
<b>Residents with bed sores.</b>	4	7.7	5.7	4.7
<b>Residents receiving special skin care.</b>	10	19.2	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PATRICK HENRY HEALTHCARE CNTR

<b>Street Address:</b> 4416 DENBEIGH RD		<b>City and State:</b> NEWPORT NEWS VA 23602	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 385	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 07/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 381	<b>Medicare Residents:</b> 4	<b>Medicaid Residents:</b> 291
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	375	98.4	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	342	89.8	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	318	83.5	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	327	85.8	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	316	82.9	73.7	68.2
Residents on individually written bowel and bladder retraining program.	381	100	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	230	60.4	43.5	37.7
<b>Completely bedfast residents.</b>	14	3.7	9.6	3.4
<b>Residents confined to chairs.</b>	304	79.8	66.6	50.8
<b>Residents requiring restraints.</b>	327	85.8	59.5	41.3
<b>Confused or disoriented residents.</b>	43	11.3	62.6	58.4
<b>Residents with bed sores.</b>	12	3.1	7.5	7.1
<b>Residents receiving special skin care.</b>	1	0.3	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DEPAUL HOSPITAL

<b>Street Address:</b> 150 KINGSLEY LANE		<b>City and State:</b> NORFOLK VA 23505	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 402	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 09/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 11	<b>Medicare Residents:</b> 9	<b>Medicaid Residents:</b> 2	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	10	90.9	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	11	100	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	10	90.9	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	90.9	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	8	72.7	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	81.8	43.5	37.7
<b>Completely bedfast residents.</b>	1	9.1	9.6	3.4
<b>Residents confined to chairs.</b>	9	81.8	66.6	50.8
<b>Residents requiring restraints.</b>	2	18.2	59.5	41.3
<b>Confused or disoriented residents.</b>	9	81.8	62.6	58.4
<b>Residents with bed sores.</b>	5	45.5	7.5	7.1
<b>Residents receiving special skin care.</b>	7	63.6	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HILLHAVEN REHAB CONV

<b>Street Address:</b>		<b>City and State:</b>	
1005 HAMPTON BLVD		NORFOLK VA 23507	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	172	PROPRIETARY	11/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
167	6	103		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	161	96.4	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	153	91.6	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	147	88.0	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	87.4	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	122	73.1	73.7	68.2
Residents on individually written bowel and bladder retraining program.	11	6.6	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	28.1	43.5	37.7
Completely bedfast residents.	10	6.0	9.6	3.4
Residents confined to chairs.	133	79.6	66.6	50.8
Residents requiring restraints.	150	89.8	59.5	41.3
Confused or disoriented residents.	117	70.1	62.6	58.4
Residents with bed sores.	15	9.0	7.5	7.1
Residents receiving special skin care.	100	59.9	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LAFAYETTE VILLA NURS HOME

<b>Street Address:</b>		<b>City and State:</b>	
3810 LLEWELLYN AVE		NORFOLK VA 23504	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	242	PROPRIETARY	08/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
238	0	111	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	216	90.8	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	215	90.3	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	167	70.2	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	211	88.7	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	161	67.6	70.9	59.1
Residents on individually written bowel and bladder retraining program.	5	2.1	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	79	33.2	34.5	29.3
<b>Completely bedfast residents.</b>	18	7.6	6.6	3.6
<b>Residents confined to chairs.</b>	132	55.5	64.8	39.1
<b>Residents requiring restraints.</b>	148	62.2	58.5	31.7
<b>Confused or disoriented residents.</b>	170	71.4	65.7	55.8
<b>Residents with bed sores.</b>	14	5.9	5.7	4.7
<b>Residents receiving special skin care.</b>	47	19.7	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LAKE TAYLOR CITY HOSPITAL

<b>Street Address:</b>		<b>City and State:</b>	
1309 KEMPSVILLE ROAD		NORFOLK VA 23502	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	228	LOCAL GOVERNMENT	11/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
213	19	167		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	207	97.2	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	209	98.1	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	204	95.8	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	204	95.8	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	185	86.9	73.7	68.2
Residents on individually written bowel and bladder retraining program.	4	1.9	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	134	62.9	43.5	37.7
<b>Completely bedfast residents.</b>	9	4.2	9.6	3.4
<b>Residents confined to chairs.</b>	198	93.0	66.6	50.8
<b>Residents requiring restraints.</b>	156	73.2	59.5	41.3
<b>Confused or disoriented residents.</b>	175	82.2	62.6	58.4
<b>Residents with bed sores.</b>	21	9.9	7.5	7.1
<b>Residents receiving special skin care.</b>	142	66.7	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NORFOLK COMMUNITY HOSP

<b>Street Address:</b> 2539 CORPREW AVE		<b>City and State:</b> NORFOLK VA 23504	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 202	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 09/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 7	<b>Medicare Residents:</b> 7	<b>Medicaid Residents:</b> 0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	7	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	7	100	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	7	100	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	100	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	6	85.7	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	4	57.1	43.5	37.7
<b>Completely bedfast residents.</b>	4	57.1	9.6	3.4
<b>Residents confined to chairs.</b>	3	42.9	66.6	50.8
<b>Residents requiring restraints.</b>	7	100	59.5	41.3
<b>Confused or disoriented residents.</b>	1	14.3	62.6	58.4
<b>Residents with bed sores.</b>	5	71.4	7.5	7.1
<b>Residents receiving special skin care.</b>	7	100	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SENTARA NSG CNTR - NORFOLK

<b>Street Address:</b> 249 NEWTOWN RD SOUTH		<b>City and State:</b> NORFOLK VA 23502	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 223	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 93	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 69	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	91	97.8	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	89	95.7	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	67	72.0	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	64.5	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	64.5	73.7	68.2
Residents on individually written bowel and bladder retraining program.	3	3.2	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	26.9	43.5	37.7
<b>Completely bedfast residents.</b>	3	3.2	9.6	3.4
<b>Residents confined to chairs.</b>	60	64.5	66.6	50.8
<b>Residents requiring restraints.</b>	42	45.2	59.5	41.3
<b>Confused or disoriented residents.</b>	43	46.2	62.6	58.4
<b>Residents with bed sores.</b>	7	7.5	7.5	7.1
<b>Residents receiving special skin care.</b>	26	28.0	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE THORNTON HALL

<b>Street Address:</b> 827 NORVIEW AVE		<b>City and State:</b> NORFOLK VA 23509	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/21/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 59	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 35	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	59	100	95.1	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	49	83.1	89.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	45	76.3	77.2	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	74.6	78.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	37	62.7	70.9	59.1
Residents on individually written bowel and bladder retraining program.	13	22.0	7.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	30	50.8	34.5	29.3
<b>Completely bedfast residents.</b>	0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>	48	81.4	64.8	39.1
<b>Residents requiring restraints.</b>	41	69.5	58.5	31.7
<b>Confused or disoriented residents.</b>	43	72.9	65.7	55.8
<b>Residents with bed sores.</b>	5	8.5	5.7	4.7
<b>Residents receiving special skin care.</b>	19	32.2	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ST MARY'S HOSPITAL LTC

<b>Street Address:</b>		<b>City and State:</b>	
THIRD STREET N E		NORTON VA 24273	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	44	NON-PROFIT RELIGIOUS	08/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
44	0	39

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	95.5	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	86.4	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	90.9	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	84.1	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	50.0	34.5	29.3
<b>Completely bedfast residents.</b>	2	4.5	6.6	3.6
<b>Residents confined to chairs.</b>	40	90.9	64.8	39.1
<b>Residents requiring restraints.</b>	16	36.4	58.5	31.7
<b>Confused or disoriented residents.</b>	6	13.6	65.7	55.8
<b>Residents with bed sores.</b>	0	0.0	5.7	4.7
<b>Residents receiving special skin care.</b>	15	34.1	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ORANGE CO NURS HOME

<b>Street Address:</b>		<b>City and State:</b>	
120 DOGWOOD LANE		ORANGE VA 22960	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	134	NON-PROFIT OTHER	12/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
133	0	66

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	130	97.7	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	121	91.0	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	101	75.9	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	75.9	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	103	77.4	70.9	59.1
Residents on individually written bowel and bladder retraining program.	30	22.6	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	32.3	34.5	29.3
<b>Completely bedfast residents.</b>	10	7.5	6.6	3.6
<b>Residents confined to chairs.</b>	92	69.2	64.8	39.1
<b>Residents requiring restraints.</b>	73	54.9	58.5	31.7
<b>Confused or disoriented residents.</b>	104	78.2	65.7	55.8
<b>Residents with bed sores.</b>	9	6.8	5.7	4.7
<b>Residents receiving special skin care.</b>	112	84.2	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ACCOMACK CO NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
ROUTE 1 PO BOX 185		PARKSLEY VA 23421	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	136	LOCAL GOVERNMENT	06/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
136	0	115	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	117	86.0	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	121	89.0	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	95	69.9	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	80.1	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	96	70.6	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	41	30.1	34.5	29.3
<b>Completely bedfast residents.</b>	21	15.4	6.6	3.6
<b>Residents confined to chairs.</b>	80	58.8	64.8	39.1
<b>Residents requiring restraints.</b>	82	60.3	58.5	31.7
<b>Confused or disoriented residents.</b>	82	60.3	65.7	55.8
<b>Residents with bed sores.</b>	9	6.6	5.7	4.7
<b>Residents receiving special skin care.</b>	37	27.2	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BATTLEFIELD PARK CONVAL CTR

<b>Street Address:</b>		<b>City and State:</b>	
250 FLANK ROAD		PETERSBURG VA 23803	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	PROPRIETARY	07/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
119	0	94		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	117	98.3	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	92.4	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	86	72.3	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	68.1	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	67.2	70.9	59.1
Residents on individually written bowel and bladder retraining program.	1	0.8	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	36.1	34.5	29.3
<b>Completely bedfast residents.</b>	4	3.4	6.6	3.6
<b>Residents confined to chairs.</b>	77	64.7	64.8	39.1
<b>Residents requiring restraints.</b>	67	56.3	58.5	31.7
<b>Confused or disoriented residents.</b>	72	60.5	65.7	55.8
<b>Residents with bed sores.</b>	6	5.0	5.7	4.7
<b>Residents receiving special skin care.</b>	31	26.1	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HIRAM W DAVIS MEDICAL CTR

<b>Street Address:</b> PO BOX 4030		<b>City and State:</b> PETERSBURG VA 23803	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 87	<b>Type of Ownership:</b> STATE GOVERNMENT	<b>Survey Date:</b> 01/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 59	<b>Medicare Residents:</b> 51	<b>Medicaid Residents:</b> 2
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	96.6	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	55	93.2	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	53	89.8	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	84.7	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	93.2	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	49	83.1	43.5	37.7
<b>Completely bedfast residents.</b>	36	61.0	9.6	3.4
<b>Residents confined to chairs.</b>	15	25.4	66.6	50.8
<b>Residents requiring restraints.</b>	55	93.2	59.5	41.3
<b>Confused or disoriented residents.</b>	48	81.4	62.6	58.4
<b>Residents with bed sores.</b>	15	25.4	7.5	7.1
<b>Residents receiving special skin care.</b>	34	57.6	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SOUTHSIDE REGNL MED CNTR 3 APOLLO SNF

<b>Street Address:</b>		<b>City and State:</b>	
801 S ADAMS ST		PETERSBURG VA 23803	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	20	NON-PROFIT OTHER	03/03/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
11	11	0		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	11	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	11	100	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	11	100	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	100	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	11	100	73.7	68.2
Residents on individually written bowel and bladder retraining program.	1	9.1	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	100	43.5	37.7
<b>Completely bedfast residents.</b>	3	27.3	9.6	3.4
<b>Residents confined to chairs.</b>	8	72.7	66.6	50.8
<b>Residents requiring restraints.</b>	11	100	59.5	41.3
<b>Confused or disoriented residents.</b>	6	54.5	62.6	58.4
<b>Residents with bed sores.</b>	5	45.5	7.5	7.1
<b>Residents receiving special skin care.</b>	7	63.6	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SOUTHSIDE VA TRAINING CTR

<b>Street Address:</b>  PO BOX 4110		<b>City and State:</b>  PETERSBURG VA 23803	
<b>Participation:</b>  MEDICARE/MEDICAID SNF	<b># of Beds:</b>  924	<b>Type of Ownership:</b>  STATE GOVERNMENT	<b>Survey Date:</b>  01/12/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
33	3	29			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		33	100	94.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		33	100	89.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		33	100	80.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		33	100	81.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		33	100	73.7	68.2
Residents on individually written bowel and bladder retraining program.		2	6.1	8.9	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		32	97.0	43.5	37.7
Completely bedfast residents.		0	0.0	9.6	3.4
Residents confined to chairs.		33	100	66.6	50.8
Residents requiring restraints.		26	78.8	59.5	41.3
Confused or disoriented residents.		0	0.0	62.6	58.4
Residents with bed sores.		2	6.1	7.5	7.1
Residents receiving special skin care.		7	21.2	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WALNUT HILL CONVAL CVTR

<b>Street Address:</b>		<b>City and State:</b>	
287 SOUTH BLVD		PETERSBURG VA 23805	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/02/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
118	2	106

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	118	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	114	96.6	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	115	97.5	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	99.2	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	92	78.0	73.7	68.2
Residents on individually written bowel and bladder retraining program.	8	6.8	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	66	55.9	43.5	37.7
<b>Completely bedfast residents.</b>	5	4.2	9.6	3.4
<b>Residents confined to chairs.</b>	103	87.3	66.6	50.8
<b>Residents requiring restraints.</b>	80	67.8	59.5	41.3
<b>Confused or disoriented residents.</b>	87	73.7	62.6	58.4
<b>Residents with bed sores.</b>	14	11.9	7.5	7.1
<b>Residents receiving special skin care.</b>	47	39.8	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE AUTUMN CARE PORTSMOUTH

<b>Street Address:</b>		<b>City and State:</b>	
3610 WINCHESTER ST		PORTSMOUTH VA 23707	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	73	PROPRIETARY	08/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
73	0	64	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	65	89.0	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	65	89.0	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	50	68.5	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	98.6	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	64	87.7	70.9	59.1
Residents on individually written bowel and bladder retraining program.	12	16.4	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	24.7	34.5	29.3
<b>Completely bedfast residents.</b>	2	2.7	6.6	3.6
<b>Residents confined to chairs.</b>	46	63.0	64.8	39.1
<b>Residents requiring restraints.</b>	46	63.0	58.5	31.7
<b>Confused or disoriented residents.</b>	24	32.9	65.7	55.8
<b>Residents with bed sores.</b>	2	2.7	5.7	4.7
<b>Residents receiving special skin care.</b>	28	38.4	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BEVERLY MANOR OF PORTSMOUTH

<b>Street Address:</b>		<b>City and State:</b>	
900 LONDON BLVD		PORTSMOUTH VA 23704	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	06/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
117	4	82		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	105	89.7	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	102	87.2	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	80.3	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	74.4	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	97	82.9	73.7	68.2
Residents on individually written bowel and bladder retraining program.	13	11.1	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	44.4	43.5	37.7
<b>Completely bedfast residents.</b>	0	0.0	9.6	3.4
<b>Residents confined to chairs.</b>	83	70.9	66.6	50.8
<b>Residents requiring restraints.</b>	33	28.2	59.5	41.3
<b>Confused or disoriented residents.</b>	84	71.8	62.6	58.4
<b>Residents with bed sores.</b>	12	10.3	7.5	7.1
<b>Residents receiving special skin care.</b>	28	23.9	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MANNING CONVALESCENT HOME

<b>Street Address:</b>  LECKIE + HATTON STS		<b>City and State:</b>  PORTSMOUTH VA 23704	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  258	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  04/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  245	<b>Medicare Residents:</b>  10	<b>Medicaid Residents:</b>  206
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

<b>Bathing</b>					
Residents requiring some or total assistance in bathing.	197	80.4	94.3	81.5	
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.	222	90.6	89.2	83.2	
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.	203	82.9	80.9	73.8	
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	215	87.8	81.7	77.2	
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.	187	76.3	73.7	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6	
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.	123	50.2	43.5	37.7	
<b>Completely bedfast residents.</b>	32	13.1	9.6	3.4	
<b>Residents confined to chairs.</b>	179	73.1	66.6	50.8	
<b>Residents requiring restraints.</b>	106	43.3	59.5	41.3	
<b>Confused or disoriented residents.</b>	138	56.3	62.6	58.4	
<b>Residents with bed sores.</b>	52	21.2	7.5	7.1	
<b>Residents receiving special skin care.</b>	86	35.1	33.7	31.2	

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WILLIAM T HALL MEM CONV HOME

<b>Street Address:</b> 3301 N ARMISTEAD DR		<b>City and State:</b> PORTSMOUTH VA 23704	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 32	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 03/31/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 32	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 31	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	32	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	32	100	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	84.4	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	62.5	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	81.3	70.9	59.1
Residents on individually written bowel and bladder retraining program.	18	56.3	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	15.6	34.5	29.3
<b>Completely bedfast residents.</b>	3	9.4	6.6	3.6
<b>Residents confined to chairs.</b>	15	46.9	64.8	39.1
<b>Residents requiring restraints.</b>	10	31.3	58.5	31.7
<b>Confused or disoriented residents.</b>	30	93.8	65.7	55.8
<b>Residents with bed sores.</b>	1	3.1	5.7	4.7
<b>Residents receiving special skin care.</b>	1	3.1	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PULASKI HLTH CARE CNTR

<b>Street Address:</b> 2401 LEE HGWY		<b>City and State:</b> PULASKI VA 24301	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 57	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 44	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	43	75.4	95.1	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	46	80.7	89.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	45	78.9	77.2	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	78.9	78.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	34	59.6	70.9	59.1
Residents on individually written bowel and bladder retraining program.	4	7.0	7.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	18	31.6	34.5	29.3
<b>Completely bedfast residents.</b>	0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>	43	75.4	64.8	39.1
<b>Residents requiring restraints.</b>	29	50.9	58.5	31.7
<b>Confused or disoriented residents.</b>	29	50.9	65.7	55.8
<b>Residents with bed sores.</b>	4	7.0	5.7	4.7
<b>Residents receiving special skin care.</b>	12	21.1	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WHEATLAND HILLS RET CNTR

<b>Street Address:</b>		<b>City and State:</b>	
RT 11 W FAIRLAWN		RADFORD VA 24141	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	24	NON-PROFIT OTHER	04/08/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
6	0	0		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	6	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	6	100	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	4	66.7	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	66.7	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	2	33.3	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	1	16.7	34.5	29.3
<b>Completely bedfast residents.</b>	2	33.3	6.6	3.6
<b>Residents confined to chairs.</b>	2	33.3	64.8	39.1
<b>Residents requiring restraints.</b>	5	83.3	58.5	31.7
<b>Confused or disoriented residents.</b>	2	33.3	65.7	55.8
<b>Residents with bed sores.</b>	0	0.0	5.7	4.7
<b>Residents receiving special skin care.</b>	2	33.3	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CAMERON GLEN CARE CNTR

<b>Street Address:</b>		<b>City and State:</b>	
1800 CAMERON GLEN DR		RESTON VA 22090	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT PRIVATE	03/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
4	0	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	4	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	4	100	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	4	100	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	100	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	4	100	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	2	50.0	43.5	37.7
<b>Completely bedfast residents.</b>	0	0.0	9.6	3.4
<b>Residents confined to chairs.</b>	3	75.0	66.6	50.8
<b>Residents requiring restraints.</b>	4	100	59.5	41.3
<b>Confused or disoriented residents.</b>	3	75.0	62.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.5	7.1
<b>Residents receiving special skin care.</b>	0	0.0	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE RIVERVIEW NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
120 VIRGINIA AVE PO BOX 327		RICH CREEK VA 24147	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	05/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
60	0	44	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	60	100	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	68.3	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	83.3	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	50	83.3	70.9	59.1
Residents on individually written bowel and bladder retraining program.	2	3.3	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	48.3	34.5	29.3
<b>Completely bedfast residents.</b>	8	13.3	6.6	3.6
<b>Residents confined to chairs.</b>	42	70.0	64.8	39.1
<b>Residents requiring restraints.</b>	43	71.7	58.5	31.7
<b>Confused or disoriented residents.</b>	41	68.3	65.7	55.8
<b>Residents with bed sores.</b>	0	0.0	5.7	4.7
<b>Residents receiving special skin care.</b>	56	93.3	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE** **BETH SHOLOM HM CENTRAL VIRGINIA**

<b>Street Address:</b>		<b>City and State:</b>	
5700 FITZHUGH AVE		RICHMOND VA 23226	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	107	NON-PROFIT RELIGIOUS	05/19/88

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
101	0	61

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	101	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	101	100	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	87.1	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	85.1	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	55.4	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	31.7	34.5	29.3
<b>Completely bedfast residents.</b>	3	3.0	6.6	3.6
<b>Residents confined to chairs.</b>	62	61.4	64.8	39.1
<b>Residents requiring restraints.</b>	34	33.7	58.5	31.7
<b>Confused or disoriented residents.</b>	69	68.3	65.7	55.8
<b>Residents with bed sores.</b>	4	4.0	5.7	4.7
<b>Residents receiving special skin care.</b>	80	79.2	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CAMBRIDGE MANOR NS HM

<b>Street Address:</b> 1776 CAMBRIDGE DRIVE		<b>City and State:</b> RICHMOND VA 23233	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 196	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/12/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 191	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 171	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	190	99.5	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	170	89.0	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	158	82.7	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	79.6	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	154	80.6	70.9	59.1
Residents on individually written bowel and bladder retraining program.	1	0.5	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	19.9	34.5	29.3
<b>Completely bedfast residents.</b>	13	6.8	6.6	3.6
<b>Residents confined to chairs.</b>	134	70.2	64.8	39.1
<b>Residents requiring restraints.</b>	145	75.9	58.5	31.7
<b>Confused or disoriented residents.</b>	168	88.0	65.7	55.8
<b>Residents with bed sores.</b>	7	3.7	5.7	4.7
<b>Residents receiving special skin care.</b>	27	14.1	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE CHIPPENHAM CONV CTR**

<b>Street Address:</b>		<b>City and State:</b>	
7246 FOREST HILL AVE		RICHMOND VA 23225	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	196	PROPRIETARY	03/03/88

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
190	0	138

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	189	99.5	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	169	88.9	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	138	72.6	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	76.8	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	133	70.0	70.9	59.1
Residents on individually written bowel and bladder retraining program.	28	14.7	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	62	32.6	34.5	29.3
<b>Completely bedfast residents.</b>	1	0.5	6.6	3.6
<b>Residents confined to chairs.</b>	140	73.7	64.8	39.1
<b>Residents requiring restraints.</b>	190	100	58.5	31.7
<b>Confused or disoriented residents.</b>	125	65.8	65.7	55.8
<b>Residents with bed sores.</b>	9	4.7	5.7	4.7
<b>Residents receiving special skin care.</b>	41	21.6	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE FOREST HILL CONV CTR

<b>Street Address:</b>		<b>City and State:</b>	
4403 FOREST HILL AVE		RICHMOND VA 23225	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	174	PROPRIETARY	09/25/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
171	0	119		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	171	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	151	88.3	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	136	79.5	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	70.2	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	119	69.6	70.9	59.1
Residents on individually written bowel and bladder retraining program.	6	3.5	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	27.5	34.5	29.3
<b>Completely bedfast residents.</b>	24	14.0	6.6	3.6
<b>Residents confined to chairs.</b>	57	33.3	64.8	39.1
<b>Residents requiring restraints.</b>	77	45.0	58.5	31.7
<b>Confused or disoriented residents.</b>	95	55.6	65.7	55.8
<b>Residents with bed sores.</b>	10	5.8	5.7	4.7
<b>Residents receiving special skin care.</b>	54	31.6	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE IMPERIAL HLTH CTR

<b>Street Address:</b>  1717 BELLEVUE AVE		<b>City and State:</b>  RICHMOND VA 23227	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  68	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  11/09/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  66	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  30
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>  Residents requiring some or total assistance in bathing.	66	100	95.1	78.3
<b>Dressing</b>  Residents requiring some or total assistance in dressing.	63	95.5	89.0	76.7
<b>Toileting</b>  Residents requiring some or total assistance in toileting.	50	75.8	77.2	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	77.3	78.8	66.0
<b>Continence</b>  Residents with catheters or partial or total loss of bowel or bladder control.	45	68.2	70.9	59.1
 Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>  Residents receiving tube feedings or requiring assistance with eating.	19	28.8	34.5	29.3
 Completely bedfast residents.	3	4.5	6.6	3.6
 Residents confined to chairs.	48	72.7	64.8	39.1
 Residents requiring restraints.	35	53.0	58.5	31.7
 Confused or disoriented residents.	41	62.1	65.7	55.8
 Residents with bed sores.	3	4.5	5.7	4.7
 Residents receiving special skin care.	14	21.2	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE LIBBIE CONVALESCENT CTR**

<b>Street Address:</b>		<b>City and State:</b>	
1901 LIBBIE AVE		RICHMOND VA 23226	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	195	PROPRIETARY	12/18/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
188	5	123	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	169	89.9	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	170	90.4	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	159	84.6	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	79.3	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	150	79.8	73.7	68.2
Residents on individually written bowel and bladder retraining program.	39	20.7	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	88	46.8	43.5	37.7
<b>Completely bedfast residents.</b>	2	1.1	9.6	3.4
<b>Residents confined to chairs.</b>	88	46.8	66.6	50.8
<b>Residents requiring restraints.</b>	80	42.6	59.5	41.3
<b>Confused or disoriented residents.</b>	109	58.0	62.6	58.4
<b>Residents with bed sores.</b>	25	13.3	7.5	7.1
<b>Residents receiving special skin care.</b>	82	43.6	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE LITTLE SISTERS OF THE POOR

<b>Street Address:</b>  1503 MICHAEL ROAD		<b>City and State:</b>  RICHMOND VA 23229	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  50	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  03/16/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  44	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  30
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	38	86.4	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	31	70.5	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	68.2	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	75.0	70.9	59.1
Residents on individually written bowel and bladder retraining program.	4	9.1	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	29.5	34.5	29.3
<b>Completely bedfast residents.</b>	1	2.3	6.6	3.6
<b>Residents confined to chairs.</b>	25	56.8	64.8	39.1
<b>Residents requiring restraints.</b>	10	22.7	58.5	31.7
<b>Confused or disoriented residents.</b>	20	45.5	65.7	55.8
<b>Residents with bed sores.</b>	5	11.4	5.7	4.7
<b>Residents receiving special skin care.</b>	35	79.5	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE RICHMOND NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
1900 COOL LANE		RICHMOND VA 23223	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	169	LOCAL GOVERNMENT	08/13/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
167	8	134	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	166	99.4	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	166	99.4	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	164	98.2	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	166	99.4	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	163	97.6	73.7	68.2
Residents on individually written bowel and bladder retraining program.	21	12.6	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	99	59.3	43.5	37.7
<b>Completely bedfast residents.</b>	11	6.6	9.6	3.4
<b>Residents confined to chairs.</b>	155	92.8	66.6	50.8
<b>Residents requiring restraints.</b>	155	92.8	59.5	41.3
<b>Confused or disoriented residents.</b>	125	74.9	62.6	58.4
<b>Residents with bed sores.</b>	15	9.0	7.5	7.1
<b>Residents receiving special skin care.</b>	80	47.9	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE STRATFORD HALL NRSG HM

<b>Street Address:</b>  2125 HILLIARD ROAD		<b>City and State:</b>  RICHMOND VA 23228	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  194	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  08/28/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  190	<b>Medicare Residents:</b>  1	<b>Medicaid Residents:</b>  19
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	187	98.4	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	180	94.7	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	159	83.7	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	76.3	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	147	77.4	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	62	32.6	43.5	37.7
<b>Completely bedfast residents.</b>	24	12.6	9.6	3.4
<b>Residents confined to chairs.</b>	129	67.9	66.6	50.8
<b>Residents requiring restraints.</b>	71	37.4	59.5	41.3
<b>Confused or disoriented residents.</b>	106	55.8	62.6	58.4
<b>Residents with bed sores.</b>	11	5.8	7.5	7.1
<b>Residents receiving special skin care.</b>	37	19.5	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE THE WINDSOR

<b>Street Address:</b> 3600 GROVE AVE		<b>City and State:</b> RICHMOND VA 23221	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 75	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 05/25/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 68	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 0		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	65	95.6	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	64	94.1	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	88.2	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	89.7	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	89.7	73.7	68.2
Residents on individually written bowel and bladder retraining program.	4	5.9	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	27.9	43.5	37.7
<b>Completely bedfast residents.</b>	2	2.9	9.6	3.4
<b>Residents confined to chairs.</b>	60	88.2	66.6	50.8
<b>Residents requiring restraints.</b>	50	73.5	59.5	41.3
<b>Confused or disoriented residents.</b>	58	85.3	62.6	58.4
<b>Residents with bed sores.</b>	3	4.4	7.5	7.1
<b>Residents receiving special skin care.</b>	11	16.2	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE UNIVERSITY PARK

<b>Street Address:</b>		<b>City and State:</b>	
2420 PEMBERTON RD		RICHMOND VA 23233	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	190	PROPRIETARY	10/16/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
155	3	63	

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	148	95.5	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	144	92.9	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	135	87.1	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	83.9	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	136	87.7	73.7	68.2
Residents on individually written bowel and bladder retraining program.	11	7.1	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	79	51.0	43.5	37.7
<b>Completely bedfast residents.</b>	11	7.1	9.6	3.4
<b>Residents confined to chairs.</b>	117	75.5	66.6	50.8
<b>Residents requiring restraints.</b>	76	49.0	59.5	41.3
<b>Confused or disoriented residents.</b>	102	65.8	62.6	58.4
<b>Residents with bed sores.</b>	15	9.7	7.5	7.1
<b>Residents receiving special skin care.</b>	40	25.8	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE VIRGINIA HOME

<b>Street Address:</b>		<b>City and State:</b>	
1101 HAMPTON ST		RICHMOND VA 23220	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	113	NON-PROFIT PRIVATE	05/08/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
113	0	109		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	111	98.2	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	108	95.6	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	109	96.5	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	95.6	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	64	56.6	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	41	36.3	34.5	29.3
<b>Completely bedfast residents.</b>	5	4.4	6.6	3.6
<b>Residents confined to chairs.</b>	100	88.5	64.8	39.1
<b>Residents requiring restraints.</b>	2	1.8	58.5	31.7
<b>Confused or disoriented residents.</b>	16	14.2	65.7	55.8
<b>Residents with bed sores.</b>	3	2.7	5.7	4.7
<b>Residents receiving special skin care.</b>	50	44.2	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WESTMINSTER-CANTERBURY HOUSE

<b>Street Address:</b>  1600 WESTBROOK AVE		<b>City and State:</b>  RICHMOND VA 23227	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  133	<b>Type of Ownership:</b>  NON-PROFIT RELIGIOUS	<b>Survey Date:</b>  06/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  130	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  18
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>  Residents requiring some or total assistance in bathing.	102	78.5	94.3	81.5
<b>Dressing</b>  Residents requiring some or total assistance in dressing.	109	83.8	89.2	83.2
<b>Toileting</b>  Residents requiring some or total assistance in toileting.	90	69.2	80.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	46.2	81.7	77.2
<b>Continence</b>  Residents with catheters or partial or total loss of bowel or bladder control.	83	63.8	73.7	68.2
  Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>  Residents receiving tube feedings or requiring assistance with eating.	36	27.7	43.5	37.7
  <b>Completely bedfast residents.</b>	14	10.8	9.6	3.4
  <b>Residents confined to chairs.</b>	45	34.6	66.6	50.8
  <b>Residents requiring restraints.</b>	40	30.8	59.5	41.3
  <b>Confused or disoriented residents.</b>	78	60.0	62.6	58.4
  <b>Residents with bed sores.</b>	5	3.8	7.5	7.1
  <b>Residents receiving special skin care.</b>	72	55.4	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WESTPORT CONVALES CNTR

<b>Street Address:</b>		<b>City and State:</b>	
7300 FOREST AVE		RICHMOND VA 23226	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	225	PROPRIETARY	06/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
223	0	171		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	184	82.5	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	180	80.7	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	176	78.9	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	66.8	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	145	65.0	70.9	59.1
Residents on individually written bowel and bladder retraining program.	3	1.3	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	58	26.0	34.5	29.3
<b>Completely bedfast residents.</b>	14	6.3	6.6	3.6
<b>Residents confined to chairs.</b>	165	74.0	64.8	39.1
<b>Residents requiring restraints.</b>	93	41.7	58.5	31.7
<b>Confused or disoriented residents.</b>	157	70.4	65.7	55.8
<b>Residents with bed sores.</b>	24	10.8	5.7	4.7
<b>Residents receiving special skin care.</b>	64	28.7	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WESTWOOD TRANS CARE/RICHMOND MEM HOSP

<b>Street Address:</b>  1300 WESTWOOD AVE		<b>City and State:</b>  RICHMOND VA 23227	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  420	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  04/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  16	<b>Medicare Residents:</b>  7	<b>Medicaid Residents:</b>  2
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	15	93.8	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	15	93.8	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	14	87.5	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	100	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	10	62.5	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	50.0	43.5	37.7
<b>Completely bedfast residents.</b>	0	0.0	9.6	3.4
<b>Residents confined to chairs.</b>	14	87.5	66.6	50.8
<b>Residents requiring restraints.</b>	6	37.5	59.5	41.3
<b>Confused or disoriented residents.</b>	7	43.8	62.6	58.4
<b>Residents with bed sores.</b>	2	12.5	7.5	7.1
<b>Residents receiving special skin care.</b>	2	12.5	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CAMELOT HALL NRS HOME

<b>Street Address:</b>		<b>City and State:</b>	
2400 E PARHAM RD		RICHOMND VA 23228	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	10/08/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
175	1	140	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	154	88.0	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	158	90.3	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	152	86.9	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	84.0	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	150	85.7	73.7	68.2
Residents on individually written bowel and bladder retraining program.	4	2.3	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	58	33.1	43.5	37.7
<b>Completely bedfast residents.</b>	4	2.3	9.6	3.4
<b>Residents confined to chairs.</b>	120	68.6	66.6	50.8
<b>Residents requiring restraints.</b>	115	65.7	59.5	41.3
<b>Confused or disoriented residents.</b>	95	54.3	62.6	58.4
<b>Residents with bed sores.</b>	10	5.7	7.5	7.1
<b>Residents receiving special skin care.</b>	25	14.3	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FRIENDSHIP MANOR CONV CNTR

<b>Street Address:</b>		<b>City and State:</b>	
215 HERSHBERGER RD NW		ROANOKE VA 24012	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	373	NON-PROFIT PRIVATE	04/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
360	7	198

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	358	99.4	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	322	89.4	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	281	78.1	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	266	73.9	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	264	73.3	73.7	68.2
Residents on individually written bowel and bladder retraining program.	2	0.6	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	135	37.5	43.5	37.7
<b>Completely bedfast residents.</b>	221	61.4	9.6	3.4
<b>Residents confined to chairs.</b>	50	13.9	66.6	50.8
<b>Residents requiring restraints.</b>	233	64.7	59.5	41.3
<b>Confused or disoriented residents.</b>	234	65.0	62.6	58.4
<b>Residents with bed sores.</b>	22	6.1	7.5	7.1
<b>Residents receiving special skin care.</b>	98	27.2	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LIBERTY HOUSE NSG HOME

<b>Street Address:</b>		<b>City and State:</b>	
324 KING GEORGE AVE SW		ROANOKE VA 24016	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	141	PROPRIETARY	12/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
137	4	107		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	135	98.5	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	127	92.7	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	106	77.4	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	87.6	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	120	87.6	73.7	68.2
Residents on individually written bowel and bladder retraining program.	6	4.4	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	29.2	43.5	37.7
<b>Completely bedfast residents.</b>	8	5.8	9.6	3.4
<b>Residents confined to chairs.</b>	106	77.4	66.6	50.8
<b>Residents requiring restraints.</b>	69	50.4	59.5	41.3
<b>Confused or disoriented residents.</b>	126	92.0	62.6	58.4
<b>Residents with bed sores.</b>	4	2.9	7.5	7.1
<b>Residents receiving special skin care.</b>	20	14.6	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ROANOKE CITY NURSING HOME

<b>Street Address:</b> ROUTE 1 BOX 478		<b>City and State:</b> ROANOKE VA 24012	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 58	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 11/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 57	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 57	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	57	100	95.1	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	55	96.5	89.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	48	84.2	77.2	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	80.7	78.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	44	77.2	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	49	86.0	34.5	29.3
<b>Completely bedfast residents.</b>	5	8.8	6.6	3.6
<b>Residents confined to chairs.</b>	43	75.4	64.8	39.1
<b>Residents requiring restraints.</b>	30	52.6	58.5	31.7
<b>Confused or disoriented residents.</b>	32	56.1	65.7	55.8
<b>Residents with bed sores.</b>	1	1.8	5.7	4.7
<b>Residents receiving special skin care.</b>	19	33.3	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SOUTH ROANOKE NURSING HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
3823 FRANKLIN RD SW		ROANOKE VA 24014	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	104	PROPRIETARY	10/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
100	3	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	100	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	98	98.0	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	93	93.0	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	96.0	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	77.0	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	46	46.0	43.5	37.7
<b>Completely bedfast residents.</b>	7	7.0	9.6	3.4
<b>Residents confined to chairs.</b>	87	87.0	66.6	50.8
<b>Residents requiring restraints.</b>	57	57.0	59.5	41.3
<b>Confused or disoriented residents.</b>	63	63.0	62.6	58.4
<b>Residents with bed sores.</b>	1	1.0	7.5	7.1
<b>Residents receiving special skin care.</b>	100	100	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE VIRGINIA SYNOD LUTHERAN HOME

<b>Street Address:</b>		<b>City and State:</b>	
3804 BRANDON AVE S W		ROANOKE VA 24018	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	62	NON-PROFIT RELIGIOUS	08/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
62	0	38	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	55	88.7	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	53	85.5	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	91.9	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	72.6	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	40.3	34.5	29.3
<b>Completely bedfast residents.</b>	7	11.3	6.6	3.6
<b>Residents confined to chairs.</b>	41	66.1	64.8	39.1
<b>Residents requiring restraints.</b>	21	33.9	58.5	31.7
<b>Confused or disoriented residents.</b>	47	75.8	65.7	55.8
<b>Residents with bed sores.</b>	8	12.9	5.7	4.7
<b>Residents receiving special skin care.</b>	16	25.8	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ELDERCARE OF FRANKLIN COUNTY

<b>Street Address:</b>		<b>City and State:</b>	
500 HATCHER STREET		ROCKY MOUNT VA 24151	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
119	1	95		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	119	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	117	98.3	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	79.0	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	89.1	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	94	79.0	73.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	58	48.7	43.5	37.7
<b>Completely bedfast residents.</b>	10	8.4	9.6	3.4
<b>Residents confined to chairs.</b>	91	76.5	66.6	50.8
<b>Residents requiring restraints.</b>	72	60.5	59.5	41.3
<b>Confused or disoriented residents.</b>	77	64.7	62.6	58.4
<b>Residents with bed sores.</b>	8	6.7	7.5	7.1
<b>Residents receiving special skin care.</b>	25	21.0	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CAMELOT HALL NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
1945 ROANOKE BLVD		SALEM VA 24153	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	04/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
235	7	124		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	228	97.0	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	192	81.7	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	188	80.0	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	203	86.4	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	139	59.1	73.7	68.2
Residents on individually written bowel and bladder retraining program.	37	15.7	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	89	37.9	43.5	37.7
<b>Completely bedfast residents.</b>	35	14.9	9.6	3.4
<b>Residents confined to chairs.</b>	159	67.7	66.6	50.8
<b>Residents requiring restraints.</b>	171	72.8	59.5	41.3
<b>Confused or disoriented residents.</b>	195	83.0	62.6	58.4
<b>Residents with bed sores.</b>	24	10.2	7.5	7.1
<b>Residents receiving special skin care.</b>	89	37.9	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE RICHFIELD NSG CNTR

<b>Street Address:</b> PO BOX 1240		<b>City and State:</b> SALEM VA 24153	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 327	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 12/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 320	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 193		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	306	95.6	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	301	94.1	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	273	85.3	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	275	85.9	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	242	75.6	73.7	68.2
Residents on individually written bowel and bladder retraining program.	6	1.9	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	150	46.9	43.5	37.7
<b>Completely bedfast residents.</b>	23	7.2	9.6	3.4
<b>Residents confined to chairs.</b>	229	71.6	66.6	50.8
<b>Residents requiring restraints.</b>	206	64.4	59.5	41.3
<b>Confused or disoriented residents.</b>	224	70.0	62.6	58.4
<b>Residents with bed sores.</b>	5	1.6	7.5	7.1
<b>Residents receiving special skin care.</b>	183	57.2	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SNYDER NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
11 NO BROAD ST		SALEM VA 24153	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	45	NON-PROFIT PRIVATE	07/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
45	0	19	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	45	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	93.3	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	86.7	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	84.4	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	82.2	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	51.1	34.5	29.3
Completely bedfast residents.	3	6.7	6.6	3.6
Residents confined to chairs.	35	77.8	64.8	39.1
Residents requiring restraints.	18	40.0	58.5	31.7
Confused or disoriented residents.	25	55.6	65.7	55.8
Residents with bed sores.	0	0.0	5.7	4.7
Residents receiving special skin care.	0	0.0	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SALUDA CONVALESCENT CNTR

<b>Street Address:</b>		<b>City and State:</b>	
PO BOX 303 US 17		SALUDA VA 23149	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	NON-PROFIT PRIVATE	03/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
59	0	43		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	59	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	54	91.5	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	45	76.3	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	76.3	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	47	79.7	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	49.2	34.5	29.3
<b>Completely bedfast residents.</b>	2	3.4	6.6	3.6
<b>Residents confined to chairs.</b>	46	78.0	64.8	39.1
<b>Residents requiring restraints.</b>	50	84.7	58.5	31.7
<b>Confused or disoriented residents.</b>	45	76.3	65.7	55.8
<b>Residents with bed sores.</b>	3	5.1	5.7	4.7
<b>Residents receiving special skin care.</b>	11	18.6	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MEADOWBROOK

<b>Street Address:</b> US # 11 & 460		<b>City and State:</b> SHAWSVILLE VA 24162	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 119	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 77	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	116	97.5	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	101	84.9	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	79.0	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	80.7	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	64.7	70.9	59.1
Residents on individually written bowel and bladder retraining program.	1	0.8	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	49	41.2	34.5	29.3
<b>Completely bedfast residents.</b>	16	13.4	6.6	3.6
<b>Residents confined to chairs.</b>	74	62.2	64.8	39.1
<b>Residents requiring restraints.</b>	74	62.2	58.5	31.7
<b>Confused or disoriented residents.</b>	66	55.5	65.7	55.8
<b>Residents with bed sores.</b>	7	5.9	5.7	4.7
<b>Residents receiving special skin care.</b>	24	20.2	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SMITHFIELD CONV CNTR

<b>Street Address:</b>		<b>City and State:</b>	
200 LUMAR ROAD		SMITHFIELD VA 23430	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	NON-PROFIT OTHER	06/12/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
60	0	37			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		55	91.7	95.1	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		55	91.7	89.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		55	91.7	77.2	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		55	91.7	78.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		40	66.7	70.9	59.1
Residents on individually written bowel and bladder retraining program.		11	18.3	7.8	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		20	33.3	34.5	29.3
<b>Completely bedfast residents.</b>		1	1.7	6.6	3.6
<b>Residents confined to chairs.</b>		48	80.0	64.8	39.1
<b>Residents requiring restraints.</b>		24	40.0	58.5	31.7
<b>Confused or disoriented residents.</b>		25	41.7	65.7	55.8
<b>Residents with bed sores.</b>		1	1.7	5.7	4.7
<b>Residents receiving special skin care.</b>		27	45.0	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BERRY HILL NURS HME

<b>Street Address:</b> 621 BERRY HILL RD		<b>City and State:</b> SOUTH BOSTON VA 24592	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/31/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 115	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 76	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	110	95.7	95.1	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	109	94.8	89.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	96	83.5	77.2	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	81.7	78.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	69	60.0	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	33	28.7	34.5	29.3
<b>Completely bedfast residents.</b>	8	7.0	6.6	3.6
<b>Residents confined to chairs.</b>	87	75.7	64.8	39.1
<b>Residents requiring restraints.</b>	99	86.1	58.5	31.7
<b>Confused or disoriented residents.</b>	83	72.2	65.7	55.8
<b>Residents with bed sores.</b>	4	3.5	5.7	4.7
<b>Residents receiving special skin care.</b>	11	9.6	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE THE WOODVIEW

<b>Street Address:</b>		<b>City and State:</b>	
103 ROSEHILL DR		SOUTH BOSTON VA 24592	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	NON-PROFIT OTHER	06/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
180	2	142		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	177	98.3	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	172	95.6	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	155	86.1	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	80.0	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	148	82.2	73.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	105	58.3	43.5	37.7
<b>Completely bedfast residents.</b>	19	10.6	9.6	3.4
<b>Residents confined to chairs.</b>	136	75.6	66.6	50.8
<b>Residents requiring restraints.</b>	100	55.6	59.5	41.3
<b>Confused or disoriented residents.</b>	144	80.0	62.6	58.4
<b>Residents with bed sores.</b>	7	3.9	7.5	7.1
<b>Residents receiving special skin care.</b>	50	27.8	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TWIN OAKS CONV HME

<b>Street Address:</b> 406 OAK LANE		<b>City and State:</b> SOUTH BOSTON VA 24592	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 54	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 52	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 45
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	98.1	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	51	98.1	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	82.7	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	96.2	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	69.2	70.9	59.1
Residents on individually written bowel and bladder retraining program.	1	1.9	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	30.8	34.5	29.3
<b>Completely bedfast residents.</b>	8	15.4	6.6	3.6
<b>Residents confined to chairs.</b>	31	59.6	64.8	39.1
<b>Residents requiring restraints.</b>	51	98.1	58.5	31.7
<b>Confused or disoriented residents.</b>	41	78.8	65.7	55.8
<b>Residents with bed sores.</b>	3	5.8	5.7	4.7
<b>Residents receiving special skin care.</b>	29	55.8	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COMMUNITY MEMORIAL HOSP

<b>Street Address:</b>		<b>City and State:</b>	
125 BUENA VISTA CIRCLE PO BOX 90		SOUTH HILL VA 23970	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	120	NON-PROFIT OTHER	05/27/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>			
15		5		6			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION		
		#	%	%	%		
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.		15	100	94.3	81.5		
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.		15	100	89.2	83.2		
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.		15	100	80.9	73.8		
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		15	100	81.7	77.2		
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.		15	100	73.7	68.2		
Residents on individually written bowel and bladder retraining program.		0	0.0	8.9	4.6		
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.		15	100	43.5	37.7		
<b>Completely bedfast residents.</b>		15	100	9.6	3.4		
<b>Residents confined to chairs.</b>		0	0.0	66.6	50.8		
<b>Residents requiring restraints.</b>		7	46.7	59.5	41.3		
<b>Confused or disoriented residents.</b>		15	100	62.6	58.4		
<b>Residents with bed sores.</b>		5	33.3	7.5	7.1		
<b>Residents receiving special skin care.</b>		15	100	33.7	31.2		



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE COMMUNITY MEMORIAL HOSP/HUNDLEY ANNEX

<b>Street Address:</b> 125 BUENA VISTA CIRCLE		<b>City and State:</b> SOUTH HILL VA 23970	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 140	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 11/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 137	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 103	
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	128	93.4	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	125	91.2	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	124	90.5	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	75.9	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	97	70.8	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	105	76.6	34.5	29.3
<b>Completely bedfast residents.</b>	37	27.0	6.6	3.6
<b>Residents confined to chairs.</b>	72	52.6	64.8	39.1
<b>Residents requiring restraints.</b>	57	41.6	58.5	31.7
<b>Confused or disoriented residents.</b>	89	65.0	65.7	55.8
<b>Residents with bed sores.</b>	11	8.0	5.7	4.7
<b>Residents receiving special skin care.</b>	137	100	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BROOKWOOD NSG HOME

<b>Street Address:</b>  PO BOX 85		<b>City and State:</b>  STAFFORD VA 22554	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  34	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  11/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  33	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  23	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	33	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	28	84.8	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	24	72.7	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	100	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	23	69.7	70.9	59.1
Residents on individually written bowel and bladder retraining program.	7	21.2	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	33.3	34.5	29.3
<b>Completely bedfast residents.</b>	0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>	22	66.7	64.8	39.1
<b>Residents requiring restraints.</b>	17	51.5	58.5	31.7
<b>Confused or disoriented residents.</b>	15	45.5	65.7	55.8
<b>Residents with bed sores.</b>	1	3.0	5.7	4.7
<b>Residents receiving special skin care.</b>	8	24.2	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OAK HILL NURS HOME

<b>Street Address:</b>  512 HOUSTON ST		<b>City and State:</b>  STAUNTON VA 24401	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  130	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  06/11/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
130	0	90			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		129	99.2	95.1	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		122	93.8	89.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		109	83.8	77.2	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		120	92.3	78.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		102	78.5	70.9	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	7.8	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		48	36.9	34.5	29.3
<b>Completely bedfast residents.</b>		4	3.1	6.6	3.6
<b>Residents confined to chairs.</b>		103	79.2	64.8	39.1
<b>Residents requiring restraints.</b>		128	98.5	58.5	31.7
<b>Confused or disoriented residents.</b>		115	88.5	65.7	55.8
<b>Residents with bed sores.</b>		8	6.2	5.7	4.7
<b>Residents receiving special skin care.</b>		26	20.0	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SHENANDOAH GERIATRIC TREATMENT CTR

<b>Street Address:</b>		<b>City and State:</b>	
BOX 2500 W STATE HOSP		STAUNTON VA 24402	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	190	STATE GOVERNMENT	07/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
149	0	105

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	135	90.6	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	120	80.5	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	89	59.7	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	41.6	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	94	63.1	70.9	59.1
Residents on individually written bowel and bladder retraining program.	8	5.4	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	60	40.3	34.5	29.3
<b>Completely bedfast residents.</b>	2	1.3	6.6	3.6
<b>Residents confined to chairs.</b>	43	28.9	64.8	39.1
<b>Residents requiring restraints.</b>	55	36.9	58.5	31.7
<b>Confused or disoriented residents.</b>	101	67.8	65.7	55.8
<b>Residents with bed sores.</b>	1	0.7	5.7	4.7
<b>Residents receiving special skin care.</b>	87	58.4	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE STAUNTON MANOR NRSG HM

<b>Street Address:</b> 1734 CHURCHVILLE AVE		<b>City and State:</b> STAUNTON VA 24401	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 89	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 81	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 34	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	81	100	95.1	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	78	96.3	89.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	74	91.4	77.2	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	96.3	78.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	61	75.3	70.9	59.1
Residents on individually written bowel and bladder retraining program.	63	77.8	7.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	38	46.9	34.5	29.3
<b>Completely bedfast residents.</b>	0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>	0	0.0	64.8	39.1
<b>Residents requiring restraints.</b>	39	48.1	58.5	31.7
<b>Confused or disoriented residents.</b>	57	70.4	65.7	55.8
<b>Residents with bed sores.</b>	2	2.5	5.7	4.7
<b>Residents receiving special skin care.</b>	38	46.9	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BLUE RIDGE NURSING HOME

<b>Street Address:</b> P O BOX 459		<b>City and State:</b> STUART VA 24171	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 130	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 118	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 97
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	118	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	112	94.9	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	97	82.2	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	76.3	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	69.5	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	55	46.6	34.5	29.3
<b>Completely bedfast residents.</b>	25	21.2	6.6	3.6
<b>Residents confined to chairs.</b>	68	57.6	64.8	39.1
<b>Residents requiring restraints.</b>	67	56.8	58.5	31.7
<b>Confused or disoriented residents.</b>	74	62.7	65.7	55.8
<b>Residents with bed sores.</b>	8	6.8	5.7	4.7
<b>Residents receiving special skin care.</b>	32	27.1	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE RJ REYNOLDS-PATRICK CO MEM HOSP INC

<b>Street Address:</b>		<b>City and State:</b>	
ROUTE 2 BOX 11		STUART VA 24171	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	77	NON-PROFIT OTHER	04/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
10	5	1	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	10	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	10	100	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	10	100	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	100	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	7	70.0	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	70.0	43.5	37.7
<b>Completely bedfast residents.</b>	1	10.0	9.6	3.4
<b>Residents confined to chairs.</b>	9	90.0	66.6	50.8
<b>Residents requiring restraints.</b>	1	10.0	59.5	41.3
<b>Confused or disoriented residents.</b>	7	70.0	62.6	58.4
<b>Residents with bed sores.</b>	3	30.0	7.5	7.1
<b>Residents receiving special skin care.</b>	3	30.0	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE AUTUMN CARE OF SUFFOLK

<b>Street Address:</b>  2580 PRUDEN BLVD		<b>City and State:</b>  SUFFOLK VA 23434	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  120	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  08/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  117	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  81
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	98	83.8	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	96	82.1	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	86	73.5	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	79.5	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	53.8	70.9	59.1
Residents on individually written bowel and bladder retraining program.	9	7.7	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	29.1	34.5	29.3
<b>Completely bedfast residents.</b>	1	0.9	6.6	3.6
<b>Residents confined to chairs.</b>	91	77.8	64.8	39.1
<b>Residents requiring restraints.</b>	61	52.1	58.5	31.7
<b>Confused or disoriented residents.</b>	76	65.0	65.7	55.8
<b>Residents with bed sores.</b>	5	4.3	5.7	4.7
<b>Residents receiving special skin care.</b>	16	13.7	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE NANSEMOND CONV CENTER

<b>Street Address:</b>		<b>City and State:</b>	
200 W CONSTANCE RD		SUFFOLK VA 23434	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	100	PROPRIETARY	06/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
98	0	58	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	97	99.0	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	85	86.7	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	75	76.5	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	75.5	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	66	67.3	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	35.7	34.5	29.3
<b>Completely bedfast residents.</b>	12	12.2	6.6	3.6
<b>Residents confined to chairs.</b>	58	59.2	64.8	39.1
<b>Residents requiring restraints.</b>	55	56.1	58.5	31.7
<b>Confused or disoriented residents.</b>	58	59.2	65.7	55.8
<b>Residents with bed sores.</b>	2	2.0	5.7	4.7
<b>Residents receiving special skin care.</b>	27	27.6	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE TAPPAHANNOCK MANOR

<b>Street Address:</b>		<b>City and State:</b>	
MARSH ST PO BOX 1488		TAPPAHANNOCK VA 22560	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	07/31/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
58	0	41		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	58	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	52	89.7	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	53	91.4	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	86.2	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	87.9	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	43.1	34.5	29.3
<b>Completely bedfast residents.</b>	0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>	45	77.6	64.8	39.1
<b>Residents requiring restraints.</b>	39	67.2	58.5	31.7
<b>Confused or disoriented residents.</b>	41	70.7	65.7	55.8
<b>Residents with bed sores.</b>	0	0.0	5.7	4.7
<b>Residents receiving special skin care.</b>	45	77.6	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TIDEWATER MEMORIAL HOSP

<b>Street Address:</b> RTE 2 BOX 256		<b>City and State:</b> TAPPAHANNOCK VA 22560	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 06/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 16	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 11
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	16	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	16	100	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	9	56.3	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	100	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	15	93.8	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	81.3	43.5	37.7
<b>Completely bedfast residents.</b>	7	43.8	9.6	3.4
<b>Residents confined to chairs.</b>	9	56.3	66.6	50.8
<b>Residents requiring restraints.</b>	16	100	59.5	41.3
<b>Confused or disoriented residents.</b>	5	31.3	62.6	58.4
<b>Residents with bed sores.</b>	6	37.5	7.5	7.1
<b>Residents receiving special skin care.</b>	7	43.8	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HERITAGE HALL TAZEWELL

<b>Street Address:</b>		<b>City and State:</b>	
121 BEN BOLT AVE		TAZEWELL VA 24651	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	03/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
176	3	156		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	173	98.3	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	150	85.2	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	129	73.3	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	72.7	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	128	72.7	73.7	68.2
Residents on individually written bowel and bladder retraining program.	4	2.3	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	75	42.6	43.5	37.7
<b>Completely bedfast residents.</b>	47	26.7	9.6	3.4
<b>Residents confined to chairs.</b>	102	58.0	66.6	50.8
<b>Residents requiring restraints.</b>	133	75.6	59.5	41.3
<b>Confused or disoriented residents.</b>	102	58.0	62.6	58.4
<b>Residents with bed sores.</b>	7	4.0	7.5	7.1
<b>Residents receiving special skin care.</b>	40	22.7	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE THE BERKSHIRE

<b>Street Address:</b>		<b>City and State:</b>	
705 CLEARVIEW DRIVE		VINTON VA 24179	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	PROPRIETARY	04/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
119	0	59	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	97	81.5	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	98	82.4	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	81	68.1	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	79.0	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	73	61.3	70.9	59.1
Residents on individually written bowel and bladder retraining program.	21	17.6	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	33.6	34.5	29.3
<b>Completely bedfast residents.</b>	4	3.4	6.6	3.6
<b>Residents confined to chairs.</b>	71	59.7	64.8	39.1
<b>Residents requiring restraints.</b>	52	43.7	58.5	31.7
<b>Confused or disoriented residents.</b>	89	74.8	65.7	55.8
<b>Residents with bed sores.</b>	14	11.8	5.7	4.7
<b>Residents receiving special skin care.</b>	48	40.3	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BETH SHOLOM HM EASTERN VIRGINIA

<b>Street Address:</b>		<b>City and State:</b>	
6401 AUBURN DRIVE		VIRGINIA BEACH VA 23464	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	NON-PROFIT RELIGIOUS	05/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
120	0	120		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	118	98.3	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	91.7	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	78.3	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	83.3	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	63.3	70.9	59.1
Residents on individually written bowel and bladder retraining program.	42	35.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	71	59.2	34.5	29.3
<b>Completely bedfast residents.</b>	0	0.0	6.6	3.6
<b>Residents confined to chairs.</b>	59	49.2	64.8	39.1
<b>Residents requiring restraints.</b>	52	43.3	58.5	31.7
<b>Confused or disoriented residents.</b>	62	51.7	65.7	55.8
<b>Residents with bed sores.</b>	12	10.0	5.7	4.7
<b>Residents receiving special skin care.</b>	32	26.7	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CAMELOT HALL NRS HOME

<b>Street Address:</b>  1801 CAMELOT DR		<b>City and State:</b>  VIRGINIA BEACH VA 23454	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  240	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  09/04/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
238	0	172			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	238	100	95.1	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	202	84.9	89.0	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	178	74.8	77.2	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	201	84.5	78.8	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	178	74.8	70.9	59.1	
Residents on individually written bowel and bladder retraining program.	1	0.4	7.8	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	77	32.4	34.5	29.3	
Completely bedfast residents.	24	10.1	6.6	3.6	
Residents confined to chairs.	169	71.0	64.8	39.1	
Residents requiring restraints.	112	47.1	58.5	31.7	
Confused or disoriented residents.	171	71.8	65.7	55.8	
Residents with bed sores.	25	10.5	5.7	4.7	
Residents receiving special skin care.	109	45.8	36.8	24.0	

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HOLMES CONV HOME

<b>Street Address:</b> 4142 BONNEY RD		<b>City and State:</b> VIRGINIA BEACH VA 23452	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 160	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 156	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 118	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	144	92.3	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	138	88.5	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	108	69.2	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	69.2	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	106	67.9	70.9	59.1
Residents on individually written bowel and bladder retraining program.	5	3.2	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	19.9	34.5	29.3
<b>Completely bedfast residents.</b>	4	2.6	6.6	3.6
<b>Residents confined to chairs.</b>	102	65.4	64.8	39.1
<b>Residents requiring restraints.</b>	126	80.8	58.5	31.7
<b>Confused or disoriented residents.</b>	101	64.7	65.7	55.8
<b>Residents with bed sores.</b>	9	5.8	5.7	4.7
<b>Residents receiving special skin care.</b>	61	39.1	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LYNN SHORES MANOR

<b>Street Address:</b>		<b>City and State:</b>	
340 LYNN SHORES DRIVE		VIRGINIA BEACH VA 23452	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	242	PROPRIETARY	09/25/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
238	1	156			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		228	95.8	94.3	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		176	73.9	89.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		179	75.2	80.9	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		216	90.8	81.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		192	80.7	73.7	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	8.9	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		84	35.3	43.5	37.7
<b>Completely bedfast residents.</b>		21	8.8	9.6	3.4
<b>Residents confined to chairs.</b>		187	78.6	66.6	50.8
<b>Residents requiring restraints.</b>		146	61.3	59.5	41.3
<b>Confused or disoriented residents.</b>		152	63.9	62.6	58.4
<b>Residents with bed sores.</b>		21	8.8	7.5	7.1
<b>Residents receiving special skin care.</b>		101	42.4	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEDICENTER OF AMERICA INC

<b>Street Address:</b> 1148 1ST COLONIAL RD		<b>City and State:</b> VIRGINIA BEACH VA 23454	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 118	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 99	<b>Medicare Residents:</b> 10	<b>Medicaid Residents:</b> 61		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

#### Bathing

Residents requiring some or total assistance in bathing.

FACILITY		STATE	NATION
#	%	%	%

84	84.8	94.3	81.5
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#### Dressing

Residents requiring some or total assistance in dressing.

87	87.9	89.2	83.2
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#### Toileting

Residents requiring some or total assistance in toileting.

87	87.9	80.9	73.8
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#### Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

80	80.8	81.7	77.2
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#### Continence

Residents with catheters or partial or total loss of bowel or bladder control.

71	71.7	73.7	68.2
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Residents on individually written bowel and bladder retraining program.

4	4.0	8.9	4.6
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#### Eating

Residents receiving tube feedings or requiring assistance with eating.

32	32.3	43.5	37.7
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#### Completely bedfast residents.

23	23.2	9.6	3.4
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#### Residents confined to chairs.

66	66.7	66.6	50.8
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#### Residents requiring restraints.

28	28.3	59.5	41.3
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#### Confused or disoriented residents.

60	60.6	62.6	58.4
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#### Residents with bed sores.

16	16.2	7.5	7.1
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#### Residents receiving special skin care.

26	26.3	33.7	31.2
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## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	0	0.0	201	2.1
MET	0	0.0	518	5.5
MET	2	2.2	168	1.8
MET	5	5.6	806	8.5
MET	7	7.9	1618	17.1
MET	0	0.0	36	0.4
MET	0	0.0	205	2.2
MET	2	2.2	30	0.3
MET	0	0.0	145	1.5
MET	0	0.0	49	0.5
MET	0	0.0	508	5.4
MET	18	20.2	2816	29.8
MET	2	2.2	1733	18.3
MET	1	1.1	1052	11.1
MET	3	3.4	1512	16.0
MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WESTMINSTER CANTERBURY HAMPTON ROADS

<b>Street Address:</b>		<b>City and State:</b>	
3100 SHORE DRIVE		VIRGINIA BEACH VA 23451	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	75	NON-PROFIT RELIGIOUS	12/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
66	0	4

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	66	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	65	98.5	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	50	75.8	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	78.8	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	46	69.7	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	28.8	43.5	37.7
<b>Completely bedfast residents.</b>	3	4.5	9.6	3.4
<b>Residents confined to chairs.</b>	45	68.2	66.6	50.8
<b>Residents requiring restraints.</b>	20	30.3	59.5	41.3
<b>Confused or disoriented residents.</b>	42	63.6	62.6	58.4
<b>Residents with bed sores.</b>	1	1.5	7.5	7.1
<b>Residents receiving special skin care.</b>	22	33.3	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DISTRICT NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
32 WATERLOO ST		WARRENTON VA 22186	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	51	LOCAL GOVERNMENT	10/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
51	0	50		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	34	66.7	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	82.4	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	32	62.7	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	88.2	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	84.3	70.9	59.1
Residents on individually written bowel and bladder retraining program.	6	11.8	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	29.4	34.5	29.3
<b>Completely bedfast residents.</b>	3	5.9	6.6	3.6
<b>Residents confined to chairs.</b>	35	68.6	64.8	39.1
<b>Residents requiring restraints.</b>	14	27.5	58.5	31.7
<b>Confused or disoriented residents.</b>	50	98.0	65.7	55.8
<b>Residents with bed sores.</b>	1	2.0	5.7	4.7
<b>Residents receiving special skin care.</b>	51	100	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OAK SPRINGS OF WARRENTON

<b>Street Address:</b>  1066 HASTINGS LANE		<b>City and State:</b>  WARRENTON VA 22186	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  130	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  05/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  124	<b>Medicare Residents:</b>  0		<b>Medicaid Residents:</b>  84	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.		108	87.1	95.1
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.		101	81.5	89.0
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.		101	81.5	77.2
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		102	82.3	78.8
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.		102	82.3	70.9
Residents on individually written bowel and bladder retraining program.		14	11.3	7.8
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.		33	26.6	34.5
<b>Completely bedfast residents.</b>		1	0.8	6.6
<b>Residents confined to chairs.</b>		39	31.5	64.8
<b>Residents requiring restraints.</b>		38	30.6	58.5
<b>Confused or disoriented residents.</b>		46	37.1	65.7
<b>Residents with bed sores.</b>		2	1.6	5.7
<b>Residents receiving special skin care.</b>		47	37.9	36.8

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WARSAW HEALTH CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
302 WEST RICHMOND ROAD		WARSAW VA 22572	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	04/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
178	5	144

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	165	92.7	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	138	77.5	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	132	74.2	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	65.7	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	110	61.8	73.7	68.2
Residents on individually written bowel and bladder retraining program.	6	3.4	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	77	43.3	43.5	37.7
<b>Completely bedfast residents.</b>	31	17.4	9.6	3.4
<b>Residents confined to chairs.</b>	88	49.4	66.6	50.8
<b>Residents requiring restraints.</b>	89	50.0	59.5	41.3
<b>Confused or disoriented residents.</b>	69	38.8	62.6	58.4
<b>Residents with bed sores.</b>	6	3.4	7.5	7.1
<b>Residents receiving special skin care.</b>	31	17.4	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE DISTRICT HOME

<b>Street Address:</b>		<b>City and State:</b>	
ROUTE 3 BOX 24		WAYNESBORO VA 22980	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	91	LOCAL GOVERNMENT	03/18/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
89	0	87			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		88	98.9	95.1	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		87	97.8	89.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		83	93.3	77.2	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		87	97.8	78.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		52	58.4	70.9	59.1
Residents on individually written bowel and bladder retraining program.		2	2.2	7.8	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		36	40.4	34.5	29.3
<b>Completely bedfast residents.</b>		1	1.1	6.6	3.6
<b>Residents confined to chairs.</b>		52	58.4	64.8	39.1
<b>Residents requiring restraints.</b>		37	41.6	58.5	31.7
<b>Confused or disoriented residents.</b>		78	87.6	65.7	55.8
<b>Residents with bed sores.</b>		20	22.5	5.7	4.7
<b>Residents receiving special skin care.</b>		57	64.0	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LIBERTY HOUSE NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
1221 ROSSER AVENUE		WAYNESBORO VA 22980	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	109	PROPRIETARY	02/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
106	1	82		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	106	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	100	94.3	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	95	89.6	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	89.6	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	72.6	73.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	49.1	43.5	37.7
<b>Completely bedfast residents.</b>	1	0.9	9.6	3.4
<b>Residents confined to chairs.</b>	98	92.5	66.6	50.8
<b>Residents requiring restraints.</b>	64	60.4	59.5	41.3
<b>Confused or disoriented residents.</b>	72	67.9	62.6	58.4
<b>Residents with bed sores.</b>	9	8.5	7.5	7.1
<b>Residents receiving special skin care.</b>	21	19.8	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HANCOCK GERIATRIC TREATMENT CTR

<b>Street Address:</b>		<b>City and State:</b>	
EASTERN STATE HOSP DRAWER A		WILLIAMSBURG VA 23185	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	458	STATE GOVERNMENT	08/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
395	22	373	

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	335	84.8	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	337	85.3	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	235	59.5	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	248	62.8	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	248	62.8	73.7	68.2
Residents on individually written bowel and bladder retraining program.	89	22.5	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	137	34.7	43.5	37.7
<b>Completely bedfast residents.</b>	25	6.3	9.6	3.4
<b>Residents confined to chairs.</b>	139	35.2	66.6	50.8
<b>Residents requiring restraints.</b>	169	42.8	59.5	41.3
<b>Confused or disoriented residents.</b>	355	89.9	62.6	58.4
<b>Residents with bed sores.</b>	15	3.8	7.5	7.1
<b>Residents receiving special skin care.</b>	108	27.3	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PINES CONVALESCENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1235 MOUNT VERNON AVE		WILLIAMSBURG VA 23185	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	157	PROPRIETARY	09/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
156	0	122		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	156	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	130	83.3	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	111	71.2	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	62.2	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	113	72.4	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	21.8	34.5	29.3
<b>Completely bedfast residents.</b>	7	4.5	6.6	3.6
<b>Residents confined to chairs.</b>	96	61.5	64.8	39.1
<b>Residents requiring restraints.</b>	38	24.4	58.5	31.7
<b>Confused or disoriented residents.</b>	102	65.4	65.7	55.8
<b>Residents with bed sores.</b>	7	4.5	5.7	4.7
<b>Residents receiving special skin care.</b>	20	12.8	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HILLCREST NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
522 N SUNNYSIDE STATION		WINCHESTER VA 22601	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	62	PROPRIETARY	04/20/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
61	0	41

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	61	100	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	55	90.2	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	49	80.3	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	77.0	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	83.6	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	26.2	34.5	29.3
<b>Completely bedfast residents.</b>	7	11.5	6.6	3.6
<b>Residents confined to chairs.</b>	35	57.4	64.8	39.1
<b>Residents requiring restraints.</b>	31	50.8	58.5	31.7
<b>Confused or disoriented residents.</b>	30	49.2	65.7	55.8
<b>Residents with bed sores.</b>	1	1.6	5.7	4.7
<b>Residents receiving special skin care.</b>	9	14.8	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SHAWNEE SPRINGS NSG HOME

<b>Street Address:</b>		<b>City and State:</b>	
380 MILLWOOD AVE		WINCHESTER VA 22601	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	176	PROPRIETARY	02/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
173	2	133

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	164	94.8	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	146	84.4	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	127	73.4	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	78.6	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	128	74.0	73.7	68.2
Residents on individually written bowel and bladder retraining program.	5	2.9	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	81	46.8	43.5	37.7
<b>Completely bedfast residents.</b>	4	2.3	9.6	3.4
<b>Residents confined to chairs.</b>	103	59.5	66.6	50.8
<b>Residents requiring restraints.</b>	80	46.2	59.5	41.3
<b>Confused or disoriented residents.</b>	91	52.6	62.6	58.4
<b>Residents with bed sores.</b>	10	5.8	7.5	7.1
<b>Residents receiving special skin care.</b>	60	34.7	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WESTMINSTER CANTERBURY WINCHESTER

<b>Street Address:</b>		<b>City and State:</b>	
956 WESTMINSTER CANTERBURY DR		WINCHESTER VA 22601	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	40	NON-PROFIT RELIGIOUS	10/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
33	0	5

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

#### Bathing

Residents requiring some or total assistance in bathing.

30 90.9 94.3 81.5

#### Dressing

Residents requiring some or total assistance in dressing.

31 93.9 89.2 83.2

#### Toileting

Residents requiring some or total assistance in toileting.

29 87.9 80.9 73.8

#### Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

29 87.9 81.7 77.2

#### Continence

Residents with catheters or partial or total loss of bowel or bladder control.

18 54.5 73.7 68.2

Residents on individually written bowel and bladder retraining program.

1 3.0 8.9 4.6

#### Eating

Residents receiving tube feedings or requiring assistance with eating.

9 27.3 43.5 37.7

#### Completely bedfast residents.

1 3.0 9.6 3.4

#### Residents confined to chairs.

16 48.5 66.6 50.8

#### Residents requiring restraints.

7 21.2 59.5 41.3

#### Confused or disoriented residents.

15 45.5 62.6 58.4

#### Residents with bed sores.

2 6.1 7.5 7.1

#### Residents receiving special skin care.

7 21.2 33.7 31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HERITAGE HALL WISE

<b>Street Address:</b>		<b>City and State:</b>	
COLLEGE RD PO BOX 1009		WISE VA 24293	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	62	PROPRIETARY	06/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
60	0	60

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	58	96.7	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	60	100	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	63.3	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	63.3	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	68.3	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	25.0	34.5	29.3
<b>Completely bedfast residents.</b>	1	1.7	6.6	3.6
<b>Residents confined to chairs.</b>	37	61.7	64.8	39.1
<b>Residents requiring restraints.</b>	32	53.3	58.5	31.7
<b>Confused or disoriented residents.</b>	25	41.7	65.7	55.8
<b>Residents with bed sores.</b>	3	5.0	5.7	4.7
<b>Residents receiving special skin care.</b>	7	11.7	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SHENANDOAH CO MEM HOSP

<b>Street Address:</b> P O BOX 508		<b>City and State:</b> WOODSTOCK VA 22664	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 34	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 06/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 34	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 18
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	34	100	95.1	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	34	100	89.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	34	100	77.2	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	100	78.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	27	79.4	70.9	59.1
Residents on individually written bowel and bladder retraining program.	1	2.9	7.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	14	41.2	34.5	29.3
<b>Completely bedfast residents.</b>	2	5.9	6.6	3.6
<b>Residents confined to chairs.</b>	31	91.2	64.8	39.1
<b>Residents requiring restraints.</b>	13	38.2	58.5	31.7
<b>Confused or disoriented residents.</b>	17	50.0	65.7	55.8
<b>Residents with bed sores.</b>	1	2.9	5.7	4.7
<b>Residents receiving special skin care.</b>	11	32.4	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SKYLINE TERRACE CONV HOME

<b>Street Address:</b>		<b>City and State:</b>	
P O BOX 191		WOODSTOCK VA 22664	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	70	PROPRIETARY	05/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
67	0	34

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	92.5	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	63	94.0	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	57	85.1	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	88.1	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	82.1	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	40.3	34.5	29.3
<b>Completely bedfast residents.</b>	1	1.5	6.6	3.6
<b>Residents confined to chairs.</b>	58	86.6	64.8	39.1
<b>Residents requiring restraints.</b>	50	74.6	58.5	31.7
<b>Confused or disoriented residents.</b>	34	50.7	65.7	55.8
<b>Residents with bed sores.</b>	4	6.0	5.7	4.7
<b>Residents receiving special skin care.</b>	19	28.4	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SUSAN B MILLER NRS HOME

<b>Street Address:</b> 118 N MUHLENBERG ST		<b>City and State:</b> WOODSTOCK VA 22664	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 54	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 52	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 28			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		46	88.5	95.1	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		48	92.3	89.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		45	86.5	77.2	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		44	84.6	78.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		34	65.4	70.9	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	7.8	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		11	21.2	34.5	29.3
<b>Completely bedfast residents.</b>		3	5.8	6.6	3.6
<b>Residents confined to chairs.</b>		36	69.2	64.8	39.1
<b>Residents requiring restraints.</b>		29	55.8	58.5	31.7
<b>Confused or disoriented residents.</b>		26	50.0	65.7	55.8
<b>Residents with bed sores.</b>		2	3.8	5.7	4.7
<b>Residents receiving special skin care.</b>		12	23.1	36.8	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ASBURY CENTER AT BIRDMONT

<b>Street Address:</b>		<b>City and State:</b>	
P O BOX 421		WYTHEVILLE VA 24382	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	152	NON-PROFIT RELIGIOUS	12/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
148	0	109		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	134	90.5	95.1	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	128	86.5	89.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	117	79.1	77.2	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	93.9	78.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	111	75.0	70.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	62	41.9	34.5	29.3
<b>Completely bedfast residents.</b>	7	4.7	6.6	3.6
<b>Residents confined to chairs.</b>	111	75.0	64.8	39.1
<b>Residents requiring restraints.</b>	104	70.3	58.5	31.7
<b>Confused or disoriented residents.</b>	101	68.2	65.7	55.8
<b>Residents with bed sores.</b>	2	1.4	5.7	4.7
<b>Residents receiving special skin care.</b>	59	39.9	36.8	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	15	13.8	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	9.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	16.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	6	5.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	0.9	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	8.3	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	4	3.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	0.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	7	6.4	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	4.6	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	18.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	0.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	1.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	2.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	2	1.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	6.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	0.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	32	29.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MALIN HLTH CARE CNTR

<b>Street Address:</b> 1550 CHAPMAN RD		<b>City and State:</b> WYTHEVILLE VA 24382	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 46	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 06/21/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 43	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 28
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	42	97.7	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	37	86.0	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	81.4	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	81.4	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	29	67.4	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	41.9	43.5	37.7
<b>Completely bedfast residents.</b>	3	7.0	9.6	3.4
<b>Residents confined to chairs.</b>	30	69.8	66.6	50.8
<b>Residents requiring restraints.</b>	30	69.8	59.5	41.3
<b>Confused or disoriented residents.</b>	34	79.1	62.6	58.4
<b>Residents with bed sores.</b>	4	9.3	7.5	7.1
<b>Residents receiving special skin care.</b>	12	27.9	33.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	27	30.3	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WYTHE CNTY COMMUNITY HOSP ECU

<b>Street Address:</b>		<b>City and State:</b>	
600 W RIDGE RD		WYTHEVILLE VA 24382	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	106	NON-PROFIT OTHER	02/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
5	2	2

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	5	100	94.3	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	5	100	89.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	5	100	80.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	81.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	4	80.0	73.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	8.9	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	1	20.0	43.5	37.7
<b>Completely bedfast residents.</b>	0	0.0	9.6	3.4
<b>Residents confined to chairs.</b>	5	100	66.6	50.8
<b>Residents requiring restraints.</b>	5	100	59.5	41.3
<b>Confused or disoriented residents.</b>	2	40.0	62.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.5	7.1
<b>Residents receiving special skin care.</b>	0	0.0	33.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	2	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	5.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	7	7.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	2.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	20.2	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	2	2.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	1.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	3	3.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	5	5.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	3.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	1.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.1	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	2	2.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	2	2.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	7.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	3	3.4	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	5	5.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	27	30.3	4050	42.8

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## DATE DUE


HIGHSMITH 45-220

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